

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Queue Management Associates, Inc.</u> _____ (Last) (First) (Middle) 68 JONSPIN RD. _____ (Street) WILMINGTON MA 01887 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/19/2006	3. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 06/26/2006 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class B Common Stock	2,152,152 ⁽¹⁾	I ⁽¹⁾	By Partnership
Class B Common Stock	822,453 ⁽²⁾	D ⁽²⁾	
Common Stock	167,808 ⁽²⁾	D ⁽²⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Queue Management Associates, Inc.</u> _____ (Last) (First) (Middle) 68 JONSPIN RD. _____ (Street) WILMINGTON MA 01887 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Queue Limited Partnership</u> _____ (Last) (First) (Middle) 68 JONSPIN RD. _____ (Street) WILMINGTON MA 01887 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person *		
<u>Levenstein Cecelia</u>		
(Last)	(First)	(Middle)
68 JONSPIN ROAD		
(Street)		
WILMINGTON	MA	01887
(City) (State) (Zip)		

1. Name and Address of Reporting Person *		
<u>CROATTI RONALD D</u>		
(Last)	(First)	(Middle)
(Street)		
(City)	(State)	(Zip)

Explanation of Responses:

1. These shares are owned directly by The Queue Limited Partnership, a ten percent owner of the issuer, and indirectly by each of Queue Management Associates, Inc., Ronald D. Croatti, Cynthia Croatti and Cecelia Levenstein. Queue Management Associates, Inc. is the general partner of The Queue Limited Partnership, and Ronald D. Croatti and Cynthia Croatti are officers, directors and shareholders of Queue Management Associates, Inc. while Cecelia Levenstein is a director and shareholder of Queue Management Associates, Inc. Each of the reporting persons disclaims beneficial ownership of these reported securities, except to the extent of his, her or its pecuniary interest therein, and this report shall not be deemed an admission that such reporting person is the beneficial owner of these securities for purposes of Section 16 or any other purpose.

2. A Form 3 filed on June 26, 2006 and a Form 3/A filed on July 7, 2006 incorrectly reported the number of securities owned directly by Cecelia Levenstein. This Form 3/A correctly states the number of shares of Common Stock and Class B Common Stock owned directly by Cecelia Levenstein.

Cecelia Levenstein, by power of attorney 07/12/2006

Ronald D. Croatti, by power of attorney 07/12/2006

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.