| No. W 5730 | Due no later than March 31, 2004 | 2. Registered Agent and Office NO PO BO |
|----------------------------------|---|---|
| NO. | Annual Report Form | CHRIS OLSON |
| Return to: SECRETARY OF STATE | Mailing Address - Correct in this box if applicable | 2704 INVERNESS WAY |
| 700 WEST JEFFERSON | CHAMELEON CONCESSIONS & CATERING, L | |
| PO BOX 83720 | CHRIS OLSON | BOISE, ID 83705 |
| BOISE, ID 83720-0080 | 2287 N 31ST | a New Designature |
| | BOISE, ID 83703 | 3. New Registered Agent Signature |
| NO FILING FEE IF | BOIGE, ID 63703 | 1 |
| RECEIVED BY DUE DATE | | |
| 4. Limited Liability Compa | anies: Enter Names and Addresses of Members. | |
| N | Street or P.O. Address Cit | y <u>State Zip</u> |
| Office held Name | HRIS OLSON 2287 W. 315 BO | ISE ID 83703 |
| Other Item | - | ISE ID 83703 |
| Other Item | - | ISE ID 83703 |
| OWNER C | HRIS OLSON 2287 W. 315 BO | |
| 5. Organized Under the Laws of: | HRIS OLSON 22B7W. 315 BO 6. Signature | |
| 5. Organized Under the Laws of: | HRIS OLSON 2287 W. 315 BO 6. Signature | |
| 5. Organized Under the Laws of: | HRIS OLSON 2287 W. 315 BO | |