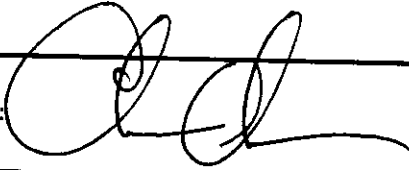


<b>No. W 5730</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2013</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> CHRIS OLSON 2287 N 31ST ST BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CHAMELEON CONCESSIONS & CATERING, L.L.C. CHRIS OLSON 2287 N 31ST BOISE ID 83703		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CHRIS OLSON 2287 N 31ST BOISE ID 83703		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 5730           </div>		<b>6.</b> Signature:   Name (type or print): <u>CHRIS OLSON</u>  Title: <u>owner</u>	
Issued 08/16/2013 by DK1			

**INSTRUCTIONS FOR THE IDAHO ANNUAL**