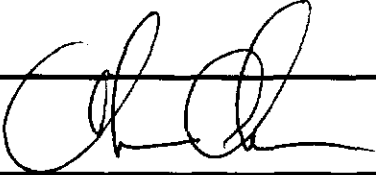


No. <b>W 5730</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/14/2011</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) CHRIS OLSON 2287 N 31ST ST BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b>  CHAMELEON CONCESSIONS & CATERING, L.L.C. CHRIS OLSON 2287 N 31ST BOISE ID 83703		3. <u>New</u> Registered Agent Signature.

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or <u>Member</u> Name	Street or PO Address	City	State	Country	Postal Code
Manager Member (circle one) CHRIS OLSON	2287 N 31ST	BOISE, ID			83703

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 5730</div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print): CHRIS OLSON         </div> <div style="width: 35%; text-align: right;">           Date: 6-23-11  <hr/>           Title: <del>OWNER</del>                      Member         </div> </div>
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Issued 06/23/2011 by DK1