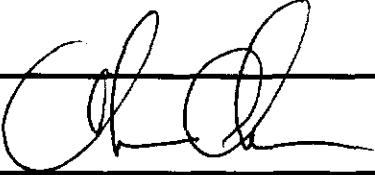


No. W 5730	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS OLSON 2287 N 31ST ST BOISE ID 83703			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CHAMELEON CONCESSIONS & CATERING, L.L.C. CHRIS OLSON 2287 N 31ST BOISE ID 83703		3. New Registered Agent Signature.			
REINSTATEMENT FEE DUE: \$30.00						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member Manager Member (circle one)	Name	Street or PO Address	City	State	Country	Postal Code
CHRIS OLSON		2287 N 31 ST	BOISE, ID			83703
5. Organized Under the Laws of:	6.					
IDAHO W 5730	 Signature: _____ Name (type or print): CHRIS OLSON Title: OWNER 6-23-11 Date:					

Issued 06/23/2011 by DK1