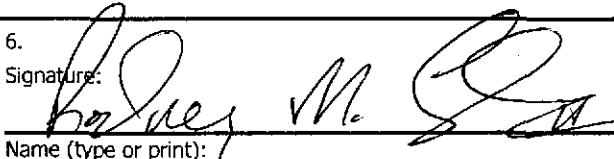


No. W 95410	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		FILED EFFECTIVE 2. Registered Agent and Office (NOT A P.O. BOX) ROD LUDINGTON 6975 N SUGLOW AVE BOISE ID 83714 <i>4438 W. Prickly Pear Dr</i> <i>Eagle Id 83616</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CHALA, LLC 6975 N SUGLOW AVE BOISE ID 83714 <i>4438 W Prickly Pear Dr</i> <i>Eagle Id 83616</i>		3. New Registered Agent Signature.

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

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rodney M. Ludington	4438 W Prickly Pear Dr	Eagle	ID		83616 AOA
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 95410 </div>	6. Signature:  <hr/> Name (type or print): _____ <div style="text-align: right;"> Date: <u>2/9/18</u> Title: _____ </div>
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Issued 02/09/2018 by JL1