



## **Idaho Corporation Reinstatement Form**

File online at: sosbiz.idaho.gov

## Return completed form to:

B0495-3750

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.  Boise, ID 83720 Phone: (208) 334						4-2300 <del>-</del>
SOS Control	Number: 616681	F	iling Status: Inactive-Di	ssolved (Adm		<u>`</u>
			Pate Formed: 01/07/2015	•	rmation Locale: ID	2 2
Name and Ma	ailing Address: I FARMS, INC. E				ange Mailing Address:	. 45:11 B
Registered A GARY ALLEN 3819 N 2300 I FILER, ID 83	E	red Office	e (RO) Address:	(2) Change RA	A and/or RO Address:	AM Received
	Note: The Registered Agent (RA) Sign  Enter names and business a	ature:		tem (2) above, the	new agent must sign here to accept the ap	
Title	Name	laaresses (v	Business Address	vice Fresident, 3	City, State, Zip	
Pres.	Gary E. Allen		3819 N. 2300 E.		Filer, ID 83328	<u>0</u>
Vice Pres	Sheila Allen		3819 N : 2300 E		Filer, ID 83328	- 10 ct
Sec.	Stephanie Christ		3819 N. 2300 E.		Filer, ID (3328	0
	13.7	<u> </u>			1	
(5) Board of Dire	ctors names and business ad	dress (with	zip code). Attach additional sł	neet if necessary.		0
Name Busin			ess Address		City, State, Zip	H
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(5) Signature:	Sheila Alla	<b>~</b> _		(6) Date: 4	-15-20	
(7) Tuno (Drint No.	Sheila Alle me: Sheila Al			(e) Title: O	rea 1	Jen
(7) Type/Print Na	IIIE. Sheila Al	ien		(8) Title: Vr	esiden I	<u></u>