



Idaho Corporation Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.			Boise, II	Boise, ID 83720 Phone: (208) 334-2300	
SOS Control N	umber: 622690	Filing Status: Inactive	-Dissolved	<u> </u>	
General Business Corporation (D)		Date Formed: 09/11/2	Pormation Locale: ID	, "	
Name and Mail	_		(1) Add or Change Mailing Address:	-	
	EAFOODS, INC.		Memory and	6	
PO BOX 400 ATHOL, ID 838	:01		THE PROPERTY OF THE PROPERTY O		
7117102, 15 000	.01			ļ	
	ent (RA) and Registe	red Office (RO) Address:	(2) Change RA and/or RO Address:		
ERIC NELSON	. ,				
185 ROCK SPR				3	
ATHOL, ID 838			Year	q £	
		4		t	
	Note: The Re	egistered Office address must be a p	hysical Idaho address (no postal box).	Ř	
(3) New Registe	ered Agent (RA) Sig		Elson	<u> </u>	
(4) Corporations: E	Internance and business		in item (2) above, the new agent must sign her		
(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer. Title Name Business Address City. State. Zip				<u>ت</u>	
	Name Evil Nelse	Business Address	City, State, Zip		
President Eric Nels		n POBOX 400	Athel ID.	83801	
				<u></u>	
				<u> </u>	
(5) Board of Directo	ors names and business ac	dresses (with zip code). Attach addition	nal sheet if necessary.		
Name		Business Address	City, State, Zip	City, State, Zip	
Ecic Nelson		PO BOX 400	Athol ID	83801 0	
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				''	
	· <u>-</u> ·			<u></u>	
	W44 -			<u></u>	
• .	_				
(5) Signature:	Ensi C. Frak	Lan	(6) Date: 5/10/19		
(7) Tuno (D-i-+ N-	En			<u></u>	
(/) Type/Print Name	Eric Ne	son	(8) Title: President		
Instructions: Legi	blu aansulata tha fansa at a	on Cinn and data this c		Ü	

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.