



## **Idaho Corporation Reinstatement Form**

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

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

Phone: (208) 334-2300

For Office Use Only

BN885-8223

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SOS Control Number: 498115		Filing Status: Inactive	Filing Status: Inactive-Dissolved (Administrative)		
General Business Corporation (D)		Date Formed: 12/27/2	Date Formed: 12/27/2005 Formation Locale: ID		
Name and	Mailing Address:		(1) Add or Change Mailing Address:		
AGRI-EDGI			AGRI-Edge Inc.		
PO BOX 707 ASHTON, ID 83420-0707			P.000x 37		<del></del>
ASHTON, II	D 63420-0707		Ashten I		РM
			71 3119 \ _1	4.67120	ਸ਼
Registered	Agent (RA) and Register	ed Office (RO) Address:	(2) Change RA and/or	RO Address:	Ω̈́
ERICA CLA			Erica Clark		
1250N 3500	<del>-</del>		Fice (RO) Address:  (2) Change RA and/or RO Address:  Evica Cluvl  (RO) Address:  (2) Change RA and/or RO Address:  (3) Change RA and/or RO Address:  (4) Change RA and/or RO Address:  (5) Change RA and/or RO Address:  (6) Change RA and/or RO Address:  (7) Change RA and/or RO Address:  (8) Change RA and/or RO Address:  (9) Change RA and/or RO Address:  (10) Change RA and/or RO Address:  (11) Change RA and/or RO Address:  (12) Change RA and/or RO Address:  (13) Change RA and/or RO Address:  (14) Change RA and/or RO Address:  (15) Change RA and/or RO Address:  (16) Change RA and/or RO Address:  (17) Change RA and/or RO Address:  (18) Change RA and/or RO Address:  (18) Change RA and/or RO Address:  (19) Change RA		
ASHTON, II	D 63420		Ashton Id. 83420		
			7131100 1		ÅФ
	Note: The Reg	jistered Office address must be a p	hysical Idaho address (no p	ostal box).	
(3) New Red	gistered Agent (RA) Sign	ature:			Off
			in item (2) above, the new agen	t must sign here to accept th	
(4) Corporation	ns: Enter names and business a	ddresses (with zip code) of the Presid	ent, Vice President, Secretary	, Treasurer.	ω Ω
Title	Name	Business Address	City	, State, Zip	. 0
tres-	Irevorcia	·	a	shton Id s	8342 <u>b</u>
Suct-	trica Clavi	( PO BOX 3	1 (	15/1-ton 1d	<u> </u>
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(5) Board of D	irectors names and business add	dress (with zip code). Attach additiona	al sheet if necessary.		H
Name Bus		Business Address	City	, State, Zip	<u>d</u> ab
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(5) Signature.	Trun Clark		(6) Date: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	u 14, 24	φ Ω
(7) Type/Print	Name: Trevor Qu	. 1/	(6) Date: W.C.	Jount	Ď
(1) 13heu mir	THE VOVICE	1/ K	(0) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JK1 ( )	