


No. <b>W 116366</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/14/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SANJAY K GUPTA 2076 BOULDER CIRCLE TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> AGRI SAC, LLC <del>2076 BOULDER CIRCLE</del> <del>TWIN FALLS ID 83301</del> 5407 Elm Grove Ave New Hope, MN 55428		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>	SANJAY GUPTA, 5407 ELM GROVE AVE, NEW HOPE MN 55428		
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 116366           </div>		6. Signature:  <hr/> Name (type or print): <b>SANJAY K. GUPTA</b>	
		Date: <b>1-20-14</b> <hr/> Title: <b>Manager</b>	
Issued 12/13/2013 by DK1			

INSTRUCTIONS FOR FILING ANNUAL REPORT FORM