

FRANCISCO V. AGUILAR Secretary of State 401 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov www.nvsilverflume.gov

Annual or Amended List and State Business License Application

ANNUAL CO AMENDED	
ANNUAL AMENDED (check one)	
List of Officers, Managers, Members, General Partners, Managing Partners,	Trustees or Subscribers:
agInnovation	NV20232861415
NAME OF ENTITY TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT	Entity or Nevada Business Identification Number (NVID)
<u>IMPORTANT:</u> Read instructions before completing and returning this form. Please indicate the entity type (check only one):	
	Ce of Business Number E33953072023-9 Filing Number 20244212497 Filing Number
Nonprofit Corporation (see nonprofit sections below) Secretary of Sta State Of Nevada	107/29/2024 09·48·33 AM
Limited-Liability Company	3
Limited Partnership	
Limited-Liability Partnership	
Limited-Liability Limited Partnership	
Business Trust	
Corporation Sole	
Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribe	rs, may be listed on a supplemental page.
CHECK ONLY IF APPLICABLE	
Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. 001 - Governmental Entity	
006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number	
For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are requithe fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box b	red to maintain a state business license, elow.
Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business Exemption Code 002	license fee.
For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C \$ 501(c) are excluded from the license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. these categories please submit \$200.00 for the state business license.	requirement to obtain a state business
Unit-owners' Association Religious, charitable, fraternal or other organization that q pursuant to 26 U.S.C. \$501(c)	ualifies as a tax-exempt organization
For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - chec	k applicable box
Does the Organization intend to solicit charitable or tax deductible contributions?	
No - no additional form is required	
Yes - the "Charitable Solicitation Registration Statement" is required.	
The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable S required	Solicitation Registration Statement" is
Failure to include the required statement form will result in rejection of the filing and	could result in late fees.



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Annual or Amended List and State Business License **Application - Continued**

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

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CORPORATION, INDICATE THE President:				
CHRIS PRITSOS		US	USA	
Name		Cou	ntry	
5421 KIETZKE LANE, SUITE 100	RENO		NV 89511	
Address	City		State Zip/Postal Code	
CORPORATION, INDICATE THE Secretary:				
BRET HESS			USA	
Name		Cou	ntry	
5421 KIETZKE LANE, SUITE 100	RENO		NV 89511	
Address	City		State Zip/Postal Code	
CORPORATION, INDICATE THE <u>Treasurer</u> :				
RICHARD RHODES		US	A	
Name		Country		
5421 KIETZKE LANE, SUITE 100	RENO		NV 89511	
Address	City		State Zip/Postal Code	
CORPORATION, INDICATE THE <u>Director</u> :				
CHRIS PRITSOS		US	USA	
Name		Cou	ntry	
5421 KIETZKE LANE, SUITE 100	RENO		NV 89511	
Address	City		State Zip/Postal Code	
CORPORATION, INDICATE THE <u>Director</u> :				
BRET HESS		US	Α	
Name		Cou	ntry	
5421 KIETZKE LANE, SUITE 100	RENO		NV 89511	
Address	City		State Zip/Postal Code	
CORPORATION, INDICATE THE <u>Director</u> :				
MATTHEW WILSON		US	A	
Name		Cou	ntry	
5421 KIETZKE LANE, SUITE 100	RENO		NV 89511	
Address	City		State Zip/Postal Code	
CORPORATION, INDICATE THE <u>Director</u> :				
GEORGE SMITH		US	A	
Name		Cou	ı <u> </u>	
5421 KIETZKE LANE, SUITE 100	RENO		NV 89511	
Address	City		State Zip/Postal Code	

RICHARD RHODES		USA		
Name	Country			
5421 KIETZKE LANE, SUITE 100	RENO	NV 89511		
Address	City	State Zip/Postal Code		
CORPORATION, INDICATE THE <u>Director</u> :				
STEVE LOMMEL	USA			
Name		Country		
5421 KIETZKE LANE, SUITE 100	RENO	NV 89511		
Address	City	State Zip/Postal Code		
CORPORATION, INDICATE THE <u>Director</u> :				
JOSE TOLEDO		USA		
Name		Country		
5421 KIETZKE LANE, SUITE 100	RENO	NV 89511		
Address	City	State Zip/Postal Code		
CORPORATION, INDICATE THE <u>Director</u> :				
ALTON THOMPSON	THOMPSON			
Name		Country		
5421 KIETZKE LANE, SUITE 100	RENO	NV 89511		
Address	City	State Zip/Postal Code		
CORPORATION, INDICATE THE <u>Director</u> :				
GARY THOMPSON		USA		
Name		Country		
5421 KIETZKE LANE, SUITE 100	Reno	NV 89511		
Address	City	State Zip/Postal Code		
CORPORATION, INDICATE THE <u>Director</u> :				
JEANETTE THURSTON		USA		
Name		Country		
5421 KIETZKE LANE, SUITE 100	RENO	NV 89511		
Address	City	State Zip/Postal Code		

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X CHRIS PRITSOS	President	07/29/2024
Signature of Officer, Manager, Managing Member,	Title	Date

General Partner, Managing Partner, Trustee,
Subscriber, Member, Owner of Business,
Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED