



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sos.idaho.gov

## Return completed form to:

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

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 268767		Filing Status: Inactive-	Filing Status: Inactive-Dissolved		N.	
Limited Liability Company (D)		Date Formed: 08/21/20	09 Formation	Locale: ID	1 5	
Name and Mailing Address: VOKIN LLC 1032 BROADWAY AVE BOISE, ID 83706			3 1 7 1	ng Address:  AIRVIEW AVE  ID 83704	<b>4</b>	
Registered Agent (RA) and Registered Office (RO) Address: PHONG VO 1032 BROADWAY AVE BOISE, ID 83706			(2) Change RA and/or RO Address:  SI37 W. FAIRVIEW AVE  Brise, ID 83704			
4) Limited Liabili	tered Agent (RA) Signa	stered Office address must be a pharture:  If a new agent is appointed ages and addresses of Managers Owill not affect the entity mailing addresses.	in item (2) above, the new agent	must sign here to accept the appoint	above <b>V</b>	
Manager/Member Name			Business Address		City, State, Zip	
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(5) Signature:	Rann	U p .	(6) Date: () - L	4 - 2019		
(7) Type/Print Name: PHONG Vo			(8) Title: OWN FX - Q			
Instructions: Le	gibly complete the form above.	Enclose a check made payable to	the Idaho Secretary of Stat	e for \$30.00.	TIP	

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00 Sign and date this form and return to the address provided above.