



# Idaho Limited Liability Company Reinstatement Form

For Office Use Only

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Re **-FILED-** form to:  
 Id: \_\_\_\_\_ State \_\_\_\_\_  
 File #: 0004961265 atements  
 Date Filed: 10/24/2022 11:43:00 AM  
 150 North 4th Street  
 Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 109776

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 07/28/2004

Formation Locale: ID

### Name and Mailing Address:

(1) Add or Change Mailing Address:

VSI PRODUCTS, LLC  
 624 CALDWELL BLVD  
 NAMPA, ID 83651-1704

### Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

NORMAN W SEID  
 624 CALDWELL BLVD.  
 NAMPA, ID 83651

Note: The Registered Office address must be a physical Idaho address (no postal box).

### (3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	NORMAN W. SEID	624 CALDWELL BLVD.	NAMPA, ID. 83651
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(5) Signature: N.W. Seid

(6) Date: 21 OCT 2022

(7) Type/Print Name: NORMAN W. SEID

(8) Title: MM

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.

B0736-5645 10/24/2022 11:43 AM Received by Office of the Idaho Secretary of State