

**FILED EFFECTIVE**

No. <b>W 34378</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) TWYLLA ROBINSON 206 W 11TH POST FALLS ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: <b>Correct in this box if needed.</b>  V.O.D. FINANCIAL SOLUTIONS, L.L.C.  206 W 11TH POST FALLS ID 83854		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held      Name      Street or PO Address      City      State      Country      Postal Code  owner/manager Twylla Robins 206 W 11th Post Falls ID Id. 83854			3. <u>New</u> Registered Agent Signature.
5. Organized Under the Laws of:  <b>IDAHO W 34378</b>	6. Signature: <u>Twylla Robinson</u> Date: <u>3/10/16</u> Name (type or print): <u>Twylla Robinson</u> Title: <u>owner</u> <u>Manager</u>		
Issued 03/01/2010 by CLH			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted.**

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.