



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

File online at: sos.idaho.gov

## Return completed form to:

B0219-6956

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

<u> </u>			450 North 4th Street		
	Reinstatement	fee: \$30.00,	Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 249912 Filing		Filing Status: Inactive-	g Status: Inactive-Dissolved		22
Limited Liability Company (D)  Date		Date Formed: 12/16/20	08 Formati	on Locale: ID	<u></u>
Name and Mailing Address:			(1) Add or Change N	ailing Address:	_ 
VOCSOUT, LLC 6251 MARKET RD					2
MARSING, ID 83639				·	ယ ပာ
					AM
Registered Ag	ent (RA) and Registere	d Office (RO) Address:	(2) Change RA and/o	or RO Address:	₽ Re
6251 MARKET					ŭ
MARSING, ID					ceive
				,	/ed
	Note: The Regi	stered Office address must be a ph	ysical Idaho address (no	postal box).	
(3) New Regis	tered Agent (RA) Signa	ture:			Åq
			n item (2) above, the new ag	ent must sign here to accept the app	
		s and addresses of Managers Ol vill not affect the entity mailing ad			
Manager/Member Name			Business Address		
Mgr Mem	HENRY W. CO		RKET RD	City, State, Zip  MARSING, ID 8	33639
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(5) Signature:	Henry W. Co	oper	(6) Date: 27	APRIL 201	hawerenc
(7) Type/Print Name: HENRY W. COOPER (8) Title: MANAGER					
Instructions: Le	gibly complete the form above.	Enclose a check made payable to	the idaho Secretary of S	tate for \$30.00.	ω Ω

Sign and date this form and return to the address provided above.