



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005944453

Date Filed: 10/17/2024 2:00:00 PM

Due no later than: 08/31/2024

Annual Report: No filing fee if received by the due date.

SOS Control Number: 358972

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/27/2012

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

VIKTORY REAL ESTATE TWO LLC
17420 COPPER SPUR AVE
NAMPA, ID 83687-9087

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

(2) Change RA and/or RO Address:

VIKTOR N. POLYAKOV
17420 COPPER SPUR AVE
NAMPA, ID 83687

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 type="checkbox"/> Mem	VIKTOR N. POLYAKOV	17420 COPPER SPUR AV,	NAMPA, ID, 83687
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	OLGA POLYAKOV	17420 COPPER SPUR AV,	NAMPA, ID 83687
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BENJAMIN POLYAKOV	17420 COPPER SPUR AV,	NAMPA, ID 83687
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0932-8258 10/17/2024 2:00 PM Received by Office of the Idaho Secretary of State