



Idaho Limited Liability Company Reinstatement Form

For Office Use Only

File online at: sosbiz.idaho.gov

Re **-FILED-** form to
 Id State
 File #: 0004931251 items
 Date Filed: 9/30/2022 1:11:00 PM
 Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 358976

Filing Status: Inactive-Dissolved (Administrative)

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 THREE LLC
 PO BOX 44304
 BOISE, ID 83711-0304

17420 Copper Spur Av
 Nampa, ID, 83687.

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

(2) Change RA and/or RO Address:

DONALD M LIDSTROM
 3490 N LENA AVE
 BOISE, ID 83713

VIKTOR N. POLYAKOV
 17420 Copper Spur Av
 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 all 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	BENJAMIN POLYAKOV	17420 Copper Spur Av.	NAMPA, ID, 83687
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	OLGA POLYAKOV	17420 Copper Spur Av.	NAMPA, ID, 83687
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	VIKTOR POLYAKOV	17420 Copper Spur Av.	NAMPA, ID, 83687
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date: 9-21-22

(7) Type/Print Name: VIKTOR N. POLYAKOV

(8) Title: President

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. *mgr*

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