



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

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

Boise, ID 83720 Phone: (208) 334-2300

For Office Use Only
-FILED-

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SOS Control N	umber: 460119	Filing Status: Inactive-D	issolved (Administrativ	e)	023
Limited Liability	Company (D)	Date Formed: 05/07/201	5 Formation	Locale: ID	
Name and Mai RESCUE PLUM 17420 COPPER NAMPA, ID 83	MBING & MECHANICAL LLC R SPUR AVE		(1) Add or Change Mailin	g Address:	(2:36 PM
Registered Ag VIKTOR N. PO 17420 COPPER NAMPA, ID 83	R SPUR AVE 687	fice (RO) Address:	(2) Change RA and/or Ro	·	Received by
(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 agent and accept the agent must sign here to accept the agent must sign here agent must sign h					O H pointmen#
These will not be	y Companies: Enter names and accepted. Changes here will no	t affect the entity mailing add	ress. If more space is ne	eded, please add an attac	
Manager/Member Mem Mem	Name	Business Address	SS DOCA COUR A.T	City, State, Zip	v2/92
Mgr Mem	VIKTUR N. POLYH OLGA N. POLYH BEN)AMIN POLYH	17420 Cof	PCR SPUR AV,	NAMPA, TD, 8	36847 36847 36847 100 100 100 100 100 100 100 100 100 10
(5) Signature:	My		(6) Date: //-/4	7-2023,	ct N
(7) Type/Print Nam	e: KACA No.	POLYAKOV ose a check made payable to t		1-2023, 10007/M	6-Ro,