



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:
 Idaho Secretary of State
 Attn: Reinstatements
 450 North 4th Street
 Boise, ID 83720
 Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 126416
Limited Liability Company (D)

Filing Status: Inactive-Dissolved (Administrative)
Date Formed: 03/25/2005 **Formation Locale:** ID

Name and Mailing Address:

BABICHENKO LLC
 901 N COLE RD
 BOISE, ID 83704-8641

(1) Add or Change Mailing Address:

199 E 52nd St
 Garden City, ID 83714

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

PAVEL BABICHENKO
 2890 S PASA TIEMPO WAY
 EAGLE, ID 83616

(2) Change RA and/or RO Address:

199 E 52nd St
 Garden City, ID 83714

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Pavel Babichenko | 199 E 52nd St | Garden City, ID 83714 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Kennedy Babichenko | 2911 S Pasa Tiempo Way | Eagle, ID 83616 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |

(5) Signature: *Pavel Babichenko*

(6) Date: 1-12-2022

(7) Type/Print Name: Pavel Babichenko

(8) Title: member

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.