

SOS Control Number: 358976

Limited Liability Company (D)



Idaho Limited Liability Company Reinstatement Form

Date Formed: 08/27/2012

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

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

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

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

For Office Use Only

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File #: 0005486897

Formation Locale: ID

Date Filed: 11/14/2023 12:36:00 PM

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Name and Ma	iling Address:	(1) Add or Change Mai	ling Address:
VIKTORY REA	L ESTATE THREE LLC		ü
17420 COPPE	R SPUR AVE		σ
NAMPA, ID 83	8687-0304		סי
			РМ
			×
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:			PO Address:
VIKTOR N. PC		,	Q D
17420 COPPE			Ť,
NAMPA, ID 83)i P
			Ď.
	Note: The Registered Office a	ddress must be a physical Idaho address (no p	oostal box).
(3) New Registered Agent (RA) Signature:			
(3) New Regis	If a n	ew agent is appointed in item (2) above, the new ager	nt must sign here to accept the appointment.
/4\		- 142	<u> </u>
		ses of Managers OR Members. Do NOT put ne entity mailing address. If more space is r	
Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem	VIKTOR N. POLYAKOV	17920 CUPPER SPURK	NHMPALD, 85687
☐Mgr ☑Mem	OLGA N. POLYAKON	17420 COMER SAUR	AV, NAMOA ZD,85881
☐Mgr (Mem	BENIAMIN POLYAKO	Y 17420 CODDER SOUR AL	1. NHMDA, ID, 8368
Mgr / Mem			/ / /
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			rt .
(5) Signature:	7/8	(6) Date: //-/4	4-202Z
(J) Olgitatalo.			7. 2063
(7) Type/Print Nam	ne: VIKtor N. Poly	THOV (8) Title: PRESIC	SENT/CEOO
Instructions: Le	gibly complete the form above. Enclose a che	eck made payable to the Idaho Secretary of Sta	H ₁ ate for \$30.00.

Filing Status: Inactive-Dissolved (Administrative)