



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
Return completed form to:
Idaho **-FILED-** ite
Attn: Reinstatements
File #: 0005027487
700 North 7th Street
Date Filed: 12/12/2022 12:23:00 PM
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 504769

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 05/10/2016

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

LOLA MAIDS L.L.C.
1000 PETERSBURG AVE
LETHA, ID 83636-7700

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

(2) Change RA and/or RO Address:

ALLA PASECHNIKOV
1000 PETERSBURG AVE
LETHA, ID 83636 (GEM COUNTY)

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	ALLA PASECHNIKOV	1000 Petersburg	Letha ID 83636
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Alla Pasechnikov

(6) Date:

12-9-2022

(7) Type/Print Name:

ALLA PASECHNIKOV

(8) Title:

Mgr

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

B0736-9504 12/12/2022 12:23 PM Received by Office of the Idaho Secretary of State