| No. <b>W 138249</b>  |                     | Due no later than May 31, 2015  |                                 | 2. Registered Agent and Address (NO PO BOX)     |                |       |         |             |
|--|---------------------|---|---------------------------------|---|----------------|-------|---------|-------------|
| Return to:   |                     | Annual Report Form  |                                 | CHAD E BERNARDS<br>STEWART TAYLOR & MORRIS PLLC |                |       |         |             |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                     | 1. Mailing Address: Correct in this box if needed.  VICTORY MOBILE HOME COMMUNITY, LLC.  SUSAN MCKEE  PO BOX 545  LA CONNER WA 98257  S IEWART TAYLOR & MORRIS PLLC 12550 W EXPLORER DR STE 100 BOISE ID 83713  S. New Registered Agent Signature:* |                                 |   |                |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                     |   |                                 |   |                |       |         |             |
| 4. Limited Liability Compa   | nies: Enter Nar     | mes and Addres  | ses of at least one Member or M | lanager.  |                |       |         |             |
| Office Held  | Name                |   | Street or PO Address            |   | City           | State | Country | Postal Code |
| MANAGER  | VAGER SUSAN D MCKEE |   | P O BOX 545                     |   | LA CONNER      | WA    | USA     | 98257       |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report must be signed.*   |                                 |   |                |       |         |             |
| ID   |                     | Signature: Susan McKee  |                                 | Date: 05/05/2015                                |                |       |         |             |
| W 138249   |                     | Name (type or print): Susan McKee   |                                 |   | Title: manager |       |         |             |
| Processed 05/05/2015 * Electronically provided signatures are accepted as original signatures. |                     |   |                                 |   |                |       |         |             |