| No. W 24435 | | Due no later than May 31, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------------|--|---------------------------------|--|------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. VICTOR LLC NEIL L STODDARD 1536 E 400 N ST ANTHONY ID 83445 | | NEIL L STODDARD 1536 E 400 N ST ANTHONY ID 83445 3. New Registered Agent Signature:* | | | | |
| RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses of | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER NEIL L STODDARD | | DDARD | 1536 E 400 N | | ST ANTHONY | ID | | 83445 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: neil stoddard | | Date: 04/24/2018 | | | | |
| W 24435 | | Name (type or print): neil stoddard | | Title: Manager | | | | |
| Processed 04/24/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |