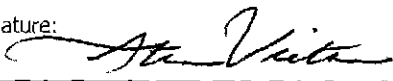
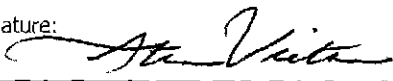
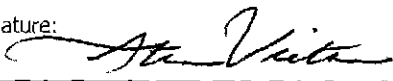


No. W 12083	Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) STEVE VICTOR 1528 ADDISON AVE E TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NOLAN VICTOR'S LLC 1528 ADDISON AVE E TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	STEVE VICTOR 2111 N. TEMPLE DR. TWIN FALLS ID U.S.A. 83301					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 12083 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>4/11/16</u> </td> </tr> <tr> <td> Name (type or print): <u>STEVE VICTOR</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: 	Date: <u>4/11/16</u>	Name (type or print): <u>STEVE VICTOR</u>	Title: <u>MANAGER</u>
Signature: 	Date: <u>4/11/16</u>				
Name (type or print): <u>STEVE VICTOR</u>	Title: <u>MANAGER</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the