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|--|-----------------|---|-------------|--|---------|------------------|--|
| No. W 9063 | | Due no later than Jun 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. VICTORY LLC SHAWNA MORT 11741 W ROMIN RD POST FALLS ID 83854 | | SHAWNA M MORT 11741 W ROMIN RD POST FALLS ID 83854 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | CLIFFORD E MORT | 6812 E. MAPLEWOOD AVE | POST FALLS | ID | USA | 83854 | |
| MEMBER | CYNDEE LEMPESIS | 6814 E. MAPLEWOOD AVE | POST FALLS | ID | USA | 83854 | |
| MEMBER | ERIC HOLT | PO BOX 395 | NEWMAN LAKE | WA | USA | 99025 | |
| MEMBER | TOM D MORT | 11741 W. ROMIN ROAD | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 9063 | | Signature: Shawna M. Mort | | | | Date: 05/02/2011 | |
| | | Name (type or print): Shawna M. Mort | | | | Title: Agent | |
| Processed 05/02/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |