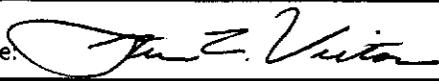


No. W 14095	Due no later than Jan 31, 2012 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) STEVE C VICTOR 2111 N TEMPLE DR TWIN FALLS ID 83301																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. VICTOR HOLDINGS, LLC 2111 N TEMPLE DR 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.																														
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%; text-align: left;">Manager or Member</th> <th style="width:30%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><input checked="" type="radio"/> Manager</td> <td colspan="6" style="text-align: left;">Member (circle one)</td> </tr> <tr> <td></td> <td>STEVE VICTOR</td> <td>2111 N. TEMPLE DR.</td> <td>T. F.</td> <td>IDAHO</td> <td>T.F.</td> <td>83301</td> </tr> <tr> <td></td> <td>SALLY VICTOR</td> <td>2111 N. TEMPLE DR.</td> <td>T.F.</td> <td>IDAHO</td> <td>T.F.</td> <td>83301</td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager	Member (circle one)							STEVE VICTOR	2111 N. TEMPLE DR.	T. F.	IDAHO	T.F.	83301		SALLY VICTOR	2111 N. TEMPLE DR.	T.F.	IDAHO	T.F.	83301		
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 14095 </div>	6. Signature: <u></u> Date: <u>11/28/11</u> Name (type or print): <u>STEVE C. VICTOR</u> Title: <u>MANAGER</u>																													
Issued 11/04/2011 by CLH		128122																												

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM