

No. W 12083	Due no later than May 31, 2012 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.																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">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: center;">(circle one)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>STEVE VICTOR MGR.</td> <td>2111 N. TEMPLE DR.</td> <td>TWIN FALLS</td> <td>ID</td> <td>U.S.A.</td> <td>83301</td> </tr> <tr> <td></td> <td>SALLY VICTOR MEMBER</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	(circle one)								STEVE VICTOR MGR.	2111 N. TEMPLE DR.	TWIN FALLS	ID	U.S.A.	83301		SALLY VICTOR MEMBER	" "	" "	" "	" "	" "
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5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 12083 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u><i>Steve Victor</i></u> Name (type or print): <u>STEVE VICTOR</u> </div> <div> Date: <u>3/21/12</u> Title: <u>MANAGER</u> </div> </div>																													
Issued 03/14/2012 by LJM 101112																															