



**Secretary of State
Statement of Information
(Limited Liability Company)**

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MC

LLC-12

16-751812

FILED

Secretary of State
State of California

JUL 27 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - Face Page \$1.00 & .50 for each attachment page,
Certification Fee - \$5.00

26/20/CC

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1. Limited Liability Company Name

VIC FUND I-1, LLC

2. 12-Digit Secretary of State File Number

201411210158

3. State or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 600 California Street, 20th Floor	City (no abbreviations) San Francisco	State CA	Zip Code 94108
b. Mailing Address of LLC, if different than Item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 600 California Street, 20th Floor	City (no abbreviations) San Francisco	State CA	Zip Code 94108

5. Manager(s) or Member(s) If no *managers* have been appointed or elected, provide the name and address of each *member*. At least one name and address must be listed. Attach additional pages, if necessary.

a. First Name Veritas Investments, Inc.	Middle Name	Last Name	Suffix
b. Address 600 California Street, 20th Floor	City (no abbreviations) San Francisco	State CA	Zip Code 94108

6. Agent for Service of Process **Item 6a and 6b:** If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b C T Corporation System CB/68906			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Real Estate Investment

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. The information contained herein, including any attachments, is true and correct.

7/15/2016

Diana Smith

Authorized Signatory

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:	[Diana Smith]
Company:	Lubin Olson & Niewiadomski LLP
Address:	600 Montgomery Street, 14th Floor
City/State/Zip:	[San Francisco, CA 94111]