No. W 60317 Return to:		Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. SPOTTED SPUR LLC SHELLY ARMSTRONG PO BOX 1304 BLACKFOOT ID 83221			2. Registered Agent and Address (NO PO BOX) SHELLY ARMSTRONG 108 NORTH 740 WEST BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BLACKFOOT				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHELLY ARM	ISTRONG	PO BOX 1304	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: She		Date: 04/12/2010				
W 60317		Name (type or		Title: Manager				
Processed 04/12/2010 * Electronically provided signatures are accepted as original signatures.								