

No. W 2868		Due no later than Sep 30, 2016		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. SPARTAN BUCKSKIN LLC THOMAS J KATSILOMETES 639 UNIVERSITY DR POCA TELLO ID 83201		THOMAS J KATSILOMETES 639 UNIVERSITY DR POCA TELLO ID 83201	
				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
MANAGER	ANNA SPEROS	639 UNIVERSITY DR	POCA TELLO	ID	83201
MANAGER	THOMAS J KATSILOMETES	639 UNIVERSITY DR	POCA TELLO	ID	83201
5. Organized Under the Laws of: ID W 2868		6. Annual Report must be signed.* Signature: T. Katsilometes Name (type or print): T. Katsilometes Date: 09/28/2016 Title: Manager			
Processed 09/28/2016		* Electronically provided signatures are accepted as original signatures.			