

|  |                       |   |           |  |         |  |  |
|--|-----------------------|---|-----------|--|---------|--|--|
| No. <b>W 2866</b>  |                       | <b>Due no later than Sep 30, 2017</b>   |           | <b>Annual Report Form</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br>SPARTAN UNIVERSITY HOME LLC<br>THOMAS J. KATSILOMETES<br>639 UNIVERSITY DR<br>POCATELLO ID 83201 |           | THOMAS J KATSILOMETES<br>639 UNIVERSITY DR<br>POCATELLO 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  | THOMAS J KATSILOMETES | 639 UNIVERSITY DR   | POCATELLO | ID   |         | 83201  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 2866</b>  |                       | 6. Annual Report must be signed.*<br>Signature: T. Katsilometes<br>Name (type or print): T. Katsilometes<br>Date: 07/26/2017<br>Title: Manager                |           |  |         |  |  |
| Processed 07/26/2017   |                       | * Electronically provided signatures are accepted as original signatures.   |           |  |         |  |  |