No. **W 2868**	**Due no later than Sep 30, 2014**	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 POCATELLO ID 83201	JAMES G KATSILOMETES 639 UNIVERSITY DR POCATELLO ID 83201 3. New 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	POCATELLO	ID		83201
MANAGER	THOMAS J KATSILOMETES	639 UNIVERSITY DR	POCATELLO	ID		83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 2868**	Signature: Thomas J. Katsilometes	Date: 09/30/2014
	Name (type or print): Thomas J. Katsilometes	Title: Manager

Processed 09/30/2014

* Electronically provided signatures are accepted as original signatures.