

No. W 2866		Due no later than Sep 30, 2015		Annual Report Form		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		1. Mailing Address: Correct in this box if needed. SPARTAN UNIVERSITY HOME LLC THOMAS J. KATSILOMETES 639 UNIVERSITY DR POCATELLO ID 83201		THOMAS J KATSILOMETES 639 UNIVERSITY DR 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	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 2866		Signature: Thomas J. Katsilometes				Date: 09/30/2015	
		Name (type or print): Thomas J. Katsilometes				Title: Manager	
Processed 09/30/2015		* Electronically provided signatures are accepted as original signatures.					