| No. <b>W 2868</b>  |   | Due no later than Sep 30, 2012  |  | 2. Registered Ag         | 2. Registered Agent and Address (NO PO BOX)  |            |                |  |
|--|---|---|--|--------------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  SPARTAN BUCKSKIN LLC THOMAS J KATSILOMETES 639 UNIVERSITY DR POCATELLO ID 83201 |  | 639 UNIVERS<br>POCATELLO | JAMES G KATSILOMETES 639 UNIVERSITY DR POCATELLO ID 83201  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |   |  |                          |  |            |                |  |
| 200 90 0   |   | nes and Addresses   | of at least one Member or Manager.     | -                        |  | _          |                |  |
|  | me  |   | Street or PO Address                   | City                     | State  | Country    | Postal Code    |  |
|  | JAMES G KATSILOMETES MARIA P KATSILOMETES |   | 639 UNIVERSITY DR<br>639 UNIVERSITY DR | POCATELLO<br>POCATELLO   | ID<br>ID   | USA<br>USA | 83201<br>83201 |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*   |  |                          |  |            |                |  |
| ID<br>W 2868   |   | Signature: T  |  | Date: 08/0               | Date: 08/08/2012   |            |                |  |
|  |   | Name (type or print): T   |  | Title: Kats              | Title: Katsilometes  |            |                |  |
| Processed 08/08/2012   |   | * Electronically provided signatures are accepted as original signatures.   |  |                          |  |            |                |  |