

No. W 90791	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) TOM J KATSILOMETES 1110 YELLOWSTONE AVE #208 POCATELLO ID 83201																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SPARTAN IRRIGATION COMPANY, L.L.C. TOM J KATSILOMETES 1110 YELLOWSTONE AVE #208 POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature.																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>TOM J. KATSILOMETES</td> <td>POCATELLO IDAHO U.S.</td> <td>83204</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>1110 YELLOWSTONE AVE. #208</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TOM J. KATSILOMETES	POCATELLO IDAHO U.S.	83204						1110 YELLOWSTONE AVE. #208					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 90791 </div>		6. Signature: <u>Tom J. Katsilometes</u> Date: <u>OCT. 4, 2017</u> <hr/> Name (type or print): <u>TOM J. KATSILOMETES</u> Title: <u>MANAGER</u>																																											

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM