

No. W 2868		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		1. Mailing Address: Correct in this box if needed. SPARTAN BUCKSKIN LLC THOMAS J KATSILOMETES 639 UNIVERSITY DR POCATELLO ID 83201		THOMAS J KATSILOMETES 639 UNIVERSITY DR POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID W 2868		6. Annual Report must be signed.* Signature: Thomas J. Katsilometes Name (type or print): Thomas J. Katsilometes					
Processed 10/02/2015		Date: 10/02/2015 Title: Manager * Electronically provided signatures are accepted as original signatures.					