

No. C 183252	Due no later than May 31, 2014 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. HOMESTEAD FAMILY RESTAURANT, INC VIRGINIA BURKE 1355 PARKWAY DR BLACKFOOT ID 83221	BILL DISHMAN 841 WEST 100 NORTH BLACKFOOT ID 83221	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
DIRECTOR	VIRGINIA A BURKE	839 WEST 100 NORTH	BLACKFOOT ID USA 83221
5. Organized Under the Laws of: ID C 183252	6. Annual Report must be signed.* Signature: Virginia Burke Name (type or print): Virginia Burke		Date: 03/24/2014 Title: Director
Processed 03/24/2014		* Electronically provided signatures are accepted as original signatures.	