

|                                                                                                                                                        |                  |                                                                                                                                                                                               |           |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 183252</b>                                                                                                                                    |                  | <b>Due no later than May 31, 2017</b>                                                                                                                                                         |           | <b>2. Registered Agent and Address (NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HOMESTEAD FAMILY RESTAURANT, INC<br>VIRGINIA BURKE<br>1355 PARKWAY DR<br>BLACKFOOT ID 83221 |           | VIRGINIA A BURKE<br>839 W 100 N<br>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       |  |
| SECRETARY                                                                                                                                              | MELLISSA DYE     | 669 W 5 S                                                                                                                                                                                     | BLACKFOOT | ID                                                    | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 183252</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Virginia Burke<br>Name (type or print): Virginia Burke<br>Date: 03/20/2017<br>Title: Owner                                                    |           |                                                       |         |             |  |
| Processed 03/20/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |           |                                                       |         |             |  |