

No. <b>W 21373</b>	<b>Due no later than Nov 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS ID 83402			
	HOMESTEAD ASSOCIATES, LLC STEVEN R. PARRY PO BOX 51630 IDAHO FALLS ID 83405-1630		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	STEVEN R PARRY	490 MEMORIAL DR PO BOX 51630	IDAHO FALLS	ID	USA	83405-1630
5. Organized Under the Laws of:  <b>ID W 21373</b>		6. Annual Report must be signed.* Signature: Steven R. Parry Name (type or print): Steven R. Parry		Date: 09/17/2014 Title: Manager		
Processed 09/17/2014		* Electronically provided signatures are accepted as original signatures.				