

No. W 21373	Due no later than Nov 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HOMESTEAD ASSOCIATES, LLC STEVEN R. PARRY PO BOX 51630 IDAHO FALLS ID 83405-1630	STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS ID 83402	
		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: ID W 21373	6. Annual Report must be signed.* Signature: Steven R. Parry Name (type or print): Steven R. Parry		Date: 09/17/2015 Title: Manager
Processed 09/17/2015		* Electronically provided signatures are accepted as original signatures.	