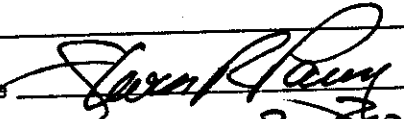


No. <b>W 21373</b>	<b>Due no later than November 30, 2006 Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>													
Return to: <b>SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  <b>HOMESTEAD ASSOCIATES, LLC STEVEN R. PARRY PO BOX 51630 IDAHO FALLS, ID</b>		<b>STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS, ID 83402</b>  <b>3. New Registered Agent Signature</b>													
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Steven R. Parry</td> <td>490 Memorial Drive P.O. Box 51630</td> <td>Idaho Falls</td> <td>ID</td> <td>83405</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Steven R. Parry	490 Memorial Drive P.O. Box 51630	Idaho Falls	ID	83405
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Steven R. Parry	490 Memorial Drive P.O. Box 51630	Idaho Falls	ID	83405											
<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 21373</b>		<b>6.</b> Signature  Name (Typed or Printed) <b>STEVEN R. PARRY</b> Title <b>MANAGER</b> Date <b>Sept 12, 2006</b>														