	INSTRUCT	IONS ON REVERSE SIDE	and an age to de a	•		
D. 59380 Idaho Corporation Annual Report Form			2. Registered Agent and Office NOT A P.O. BOX			
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Monting Address Place Corner II Not Corner HOMESTEAD INSURANCE, INC. PAUL M. KNISS P. 0. BOX 1765 IDAHO FALLS ID 83403		PAUL M KNISS 1301 FAST 17TH STREET ST 258 No. Water Ave. Suite 1 IDAHO FALLS ID 83402,4096 3. Incorporated Under The Laws of ID NO: 059380			
NO FEE REQUIRED						
4. Names and Addresses of Office	rs and Directors	* ************************************	<u>. L. ;</u>			
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State	Zio	
	l M. Kniss gory J. Chapin	2268 Brentwood Dr. 3330 Handly Ave.	Idaho Falls Idaho Falls	ID ID	83402 83404	
•						
5. Nature of Business	6. I certify that true, correc	t this Annual Report has been exa t and complete.	mined by me and is to the b	est of my l	knowledge	
Insurance Agency	Signature (Typed of Phimad)	PaullM. Kniss	Date Z	g.9/ Preside	nt	

As soon as you know your new address, mail this card to all of the people, businesses, and publications who send you mail.

For publications, tape an old address label over name and old address sections and complete new address.

	sections and complete new address.				
You	ur Name (Print or type. Last name, first name, m)	ddle initial.) 5 UY6	nce.	Inc	
ssa.	No. & Street 1301 E. 1755.	Apt./Suite		RR No.	Rural Box No.
Old	Idaho Falls	State ZO	ZIP + 4	04-	
New .	258 No Water Ave	Apt./Suite No.	PO Box 1765	RR No.	Rural Box No.
Add	Idaho Falls	ZO	ZIP+4 834	02-4	1096
Sign 9	Tathy Steers	Date new effect	address in	Keyline N	o. (If any)

PS Form **9576**, August 1989

RECEIVER: Be sure to record the above new address.