No. W 70657 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2009	SOLVED 04/08/2009 ALMA N GARCIA 1109 E SINGING HILLS DR POST FALLS ID 83854
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	
	HOMESTEAD TRAVEL, LLC	
	1109 E SINGING HILLS DR POST FALLS ID 83854	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00		
4. Limited Liability Companies:	Enter Names and Addresses of Managers OR Members.	
	street or PO Address oa Garcia 1109 E. Singing Hills	City State Country Postal Code
5. Organized Under the Laws of		
IDAHO	6. Signature:	Date: 10/21/12
W 70657	Name (type or print): ALMA N. Ga.	rcia Title: Manage
Issued 10/20/2010 by SLD		
I	NSTRUCTIONS FOR THE IDAHO ANNUAL	REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

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Block 3: Only a <u>new</u> registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put "same as last year" or "same as accepted.</u>

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Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.