


No. <b>C 98686</b>	<b>Due no later than May 31, 2005</b> <b>Annual Report Form</b>	2. Registered Agent and Office <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>	1. Mailing Address - Correct in this box, if applicable  GEMCON FINANCIAL CORPORATION GARY STORRER PO BOX 6099 TWIN FALLS, ID 83301	GARY STORRER 808 CHANNEY DR TWIN FALLS, ID 83303  3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>GARY STORRER PRES</td> <td>1042 WILLOW</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> <tr> <td></td> <td>CONNIE STORRER VP</td> <td>"</td> <td>"</td> <td>"</td> <td>"</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>		GARY STORRER PRES	1042 WILLOW	TWIN FALLS	ID	83303		CONNIE STORRER VP	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
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	CONNIE STORRER VP	"	"	"	"															
5. Organized Under the Laws of:  IDAHO C 98686	6.  Signature _____ Date <u>4-15-05</u> Name (Typed or Printed) _____ Title _____																			