

No. C 118443	Due no later than Feb 28, 2002 Annual Report Form		2. Registered Agent and Office 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 applicable		S KORY PORTER 3807 E 97 N												
	PORTER INSURANCE INC. 3807 E 97 N IDAHO FALLS, ID 83401		IDAHO FALLS, ID 83401 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>President</td> <td>S. Kory Porter</td> <td>3807 E. 97 N.</td> <td>Idaho Falls</td> <td>ID.</td> <td>83401</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>	President	S. Kory Porter	3807 E. 97 N.	Idaho Falls	ID.	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	S. Kory Porter	3807 E. 97 N.	Idaho Falls	ID.	83401										
5. Organized Under the Laws of: IDAHO C 118443		6. Signature <u>S. Kory Porter</u> Date <u>1-2-02</u> Name (Typed or Printed) <u>S. Kory Porter</u> Title <u>president</u>													