

No. **C 118443**

Due no later than February 29, 2004
Annual Report Form

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
PORTER INSURANCE INC.
3807 E 97 N
IDAHO FALLS, ID 83401

2. Registered Agent and Office **NO PO BOX**

S KORY PORTER
3807 E 97 N

IDAHO FALLS, ID 83401

3. New Registered Agent Signature

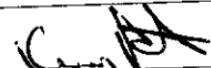
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<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



(Typed or
Printed)

S Kory Porter

Date **12-24-03**

Title **President**