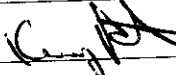


No. C 118443	Due no later than February 29, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		S KORY PORTER 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.				
<u>Office held</u> President	<u>Name</u> S. Kory Porter	<u>Street or P.O. Address</u> 3807 E. 97 N.	<u>City</u> Idaho Falls	<u>State</u> ID.
		<u>Zip</u> 83401		
5. Organized Under the Laws of: IDAHO C 118443		6. Signature  Date 12-24-03 Name (Typed or Printed) S Kory Porter Title President		