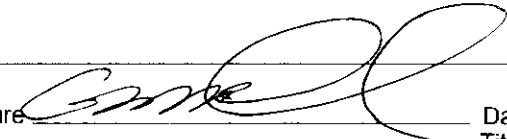


No. C 108701	Due no later than Dec 31, 2000		2. Registered Agent and Office NO PO BOX																	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable VALLEY STATE INSURANCE, INC. GREG S MCDONALD PO BOX 6 TWIN FALLS, ID 83303		GREG S MCDONALD 2536 KIMBERLY ROAD TWIN FALLS, ID 83303 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>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>GREG S MCDONALD</td> <td>Box 6</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SEC/TRE</td> <td>PETER D. MCDONALD</td> <td>Box 6</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRES	GREG S MCDONALD	Box 6	TWIN FALLS	ID	83301	SEC/TRE	PETER D. MCDONALD	Box 6	TWIN FALLS	ID
Office held	Name	Street or P.O. Address	City	State	Zip															
PRES	GREG S MCDONALD	Box 6	TWIN FALLS	ID	83301															
SEC/TRE	PETER D. MCDONALD	Box 6	TWIN FALLS	ID	83301															
5. Organized Under the Laws of: IDAHO C 108701	6.  Signature _____ Date <u>10-10-00</u> Name (Typed or Printed) <u>GREGORY S MCDONALD</u> Title <u>PRES</u>																			

Issued 10/02/2000

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