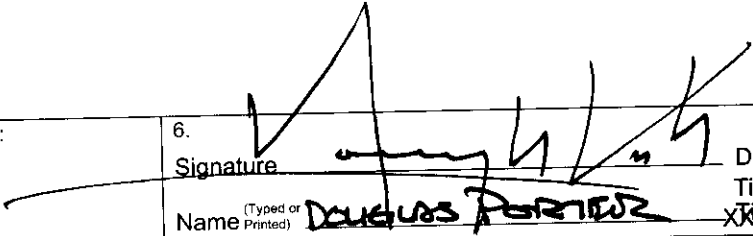


No. W 1009	Due no later than Mar 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX DOUGLAS L PORTER 964 E CURLING DR BOISE, ID 83702												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable GRANITE INSURANCE SERVICES OF IDAHO DOUGLAS L PORTER 964 E CURLING DR BOISE, ID 83702	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">MANAGER 1 owner</td> <td style="vertical-align: top;">DOUGLAS PORTER</td> <td style="vertical-align: top;">964 E. CURLING DR</td> <td style="vertical-align: top;">BOISE</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83702</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>	MANAGER 1 owner	DOUGLAS PORTER	964 E. CURLING DR	BOISE	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MANAGER 1 owner	DOUGLAS PORTER	964 E. CURLING DR	BOISE	ID	83702									
5. Organized Under the Laws of: IDAHO W 1009	6.  Signature Name (Typed or Printed) DOUGLAS PORTER													
		Date <u>Jan 11 2001</u> Title: <u>XXXX</u>												