

No. **C 108701**

**Due no later than Dec 31, 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

1. Mailing Address - Correct in this box, if applicable:

VALLEY STATE INSURANCE, INC.  
PETER D MCDONALD  
PO BOX 6

TWIN FALLS, ID 83303

PETER D MCDONALD  
2536 KIMBERLY ROAD

TWIN FALLS, ID 83303

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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	Peter McDonald	PO Box 6	Twin Falls	ID	83303
VP/Finance	Walt Maguire	PO Box 6	Twin Falls	ID	83303
VP/Ops-Personnel	Denise Metcalf	PO Box 6	Twin Falls	ID	83303

5. Organized Under the Laws of:

IDAHO  
C 108701

6.

Signature

Date

12-18-02

Name (Typed or Printed)

Peter McDonald

Title

Pres