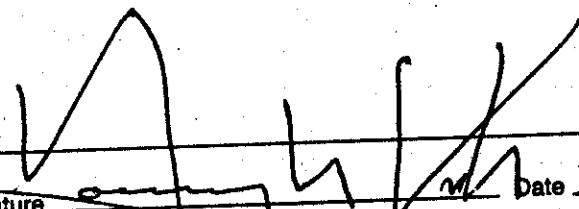
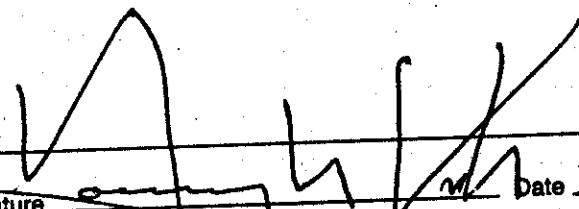
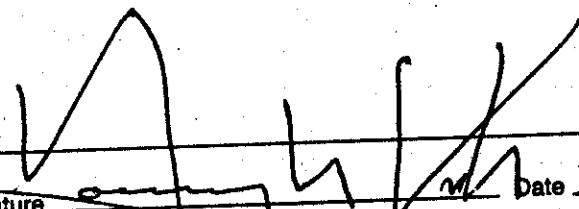


No. W 4033	Due no later than May 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX DOUGLAS L PORTER 964 E CURLING DR BOISE, ID 83702
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PACIFIC INSURANCE SERVICES, LTD. CO DOUGLAS L PORTER 964 E CURLING DR BOISE, ID 83702	3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	DOUGLAS PORTER	964 E. CURLING DR	BOISE	ID	83702

5. Organized Under the Laws of: IDAHO W-4033	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature  </td> <td style="width: 40%;"> Date <u>MAR 13 2008</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>DOUGLAS PORTER</u> </td> <td> Title _____ </td> </tr> </table>	6. Signature 	Date <u>MAR 13 2008</u>	Name <small>(Typed or Printed)</small> <u>DOUGLAS PORTER</u>	Title _____
6. Signature 	Date <u>MAR 13 2008</u>				
Name <small>(Typed or Printed)</small> <u>DOUGLAS PORTER</u>	Title _____				

Issued 03/03/2008

Do Not Tape or Staple

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