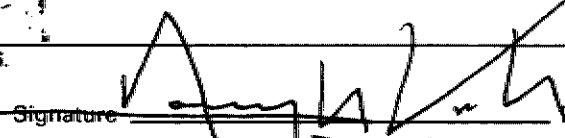


No. W 1009	Annual Report Form 1997 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		DOUGLAS L PORTER 964 E CURLING DR BOISE ID 83702													
	GRANITE INSURANCE SERVICES O DOUGLAS L PORTER 964 E CURLING DR BOISE ID 83702		3. Organized Under the Laws of: ID W 1009													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>MANAGER</td><td>DOUGLAS PORTER</td><td>964 E CURLING DR</td><td>BOISE</td><td>ID</td><td>83702</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	DOUGLAS PORTER	964 E CURLING DR	BOISE	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip											
MANAGER	DOUGLAS PORTER	964 E CURLING DR	BOISE	ID	83702											
5. SIGNATURE OF CURRENT RA		6.  Signature _____ Date <u>AUG 5 1997</u> Name (Typed or Printed) <u>DOUGLAS PORTER</u> Title <u>MANAGER</u>														

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

2111