

No. **W 4033**

Due no later than **May 31, 2001**

Annual Report Form

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
PACIFIC INSURANCE SERVICES, LTD. CO

DOUGLAS L PORTER
964 E CURLING DR

BOISE, ID 83702

2. Registered Agent and Office **NO PO BOX**

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.

Office held

Name

Street or P.O. Address

City

State

Zip

MGR. DOUGLAS PORTER **964 E. CURLING DR** **BOISE** **ID** **83702**

5. Organized Under the Laws of:

IDAHO
W 4033

6.

Signature

Name (Typed or Printed)

DOUGLAS PORTER

Date

Title:

22 MAR 01

Issued 03/01/2001

Do Not Tape or Staple

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