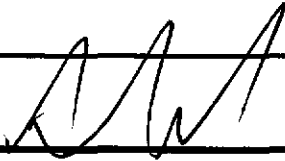


No. C 108701	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) PETER D MCDONALD 2600 ROSEHILL STE 101 BOISE ID 83705															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. VALLEY STATE INSURANCE, INC. PETER D MCDONALD 2600 ROSE HILL STE 101 BOISE ID 83705		3. New Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Peter D. McDonald</td> <td>2600 Rose Hill STE 101</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83705</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres.	Peter D. McDonald	2600 Rose Hill STE 101	Boise	ID	USA	83705
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
Pres.	Peter D. McDonald	2600 Rose Hill STE 101	Boise	ID	USA	83705												
5. Organized Under the Laws of: IDAHO C 108701		6. <div>Signature: </div> <div>Date: 4/6/11</div> <div>Name (type or print): Peter D. McDonald</div> <div>Title: Pres.</div>																
Issued 03/23/2011 by CLH																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.