

No. <b>C 118443</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/08/2008</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PORTER INSURANCE INC. 3807 E 97 N IDAHO FALLS ID 83401		S KORY PORTER 3807 E 97 N IDAHO FALLS ID 83401																					
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>President</td><td>S. Kory Porter</td><td>3807 E. 97 N.</td><td>Idaho Falls</td><td>ID</td><td>USA</td><td>83401</td></tr><tr><td>Vice-President</td><td>Dawn M. Porter</td><td>3807 E. 97 N.</td><td>Idaho Falls</td><td>ID</td><td>USA</td><td>83401</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	S. Kory Porter	3807 E. 97 N.	Idaho Falls	ID	USA	83401	Vice-President	Dawn M. Porter	3807 E. 97 N.	Idaho Falls	ID	USA	83401
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 118443</b>	6. Signature: <u>S. Kory Porter</u> Name (type or print): <u>S. Kory Porter</u> Date: <u>12-28-17</u> Title: <u>President</u>																							
Issued 12/12/2017 by TLB																								