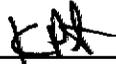


No. C118443	Annual Report Form 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct PORTER INSURANCE INC. 3807 E 97 N IDAHO FALLS ID 83401	S KORY PORTER 3807 E 97 N IDAHO FALLS ID 83401 3. Organized Under the Laws of: ID C118443

Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	S. Kory Porter	3807 E. 97 N.	Idaho Falls	Id	83401
Secretary	Jami N. Porter	3807 E. 97 N.	Idaho Falls	Id	83401

Signature of New Registered Agent 	6. Signature  Date <u>2-14-99</u> Name (Typed or Printed) <u>S. Kory Porter</u> Title <u>President</u>
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ISSUED: 07-03-1999

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