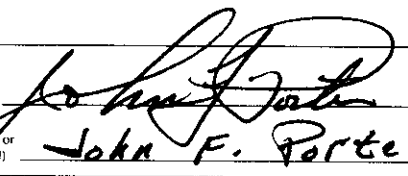


No. C 76422	Due no later than Jul 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX JOHN F. PORTER 511 SOUTH MAIN STREET TROY, ID 83871
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JOHN F. PORTER, P.A. JOHN F. PORTER P. O. BOX 459 TROY, ID 83871	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	John F. Porter	P.O. Box 441	Troy	ID	83871
Sec.	Evelyn S. Porter	" "	"	"	"
Director	John F. Porter	" "	"	"	"

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 76422 </div>	6. Signature  Date 3/14/2003 Name <small>(Typed or Printed)</small> John F. Porter Title Pres.
--	--