|   | <u> 18</u>  |  | 1220531 012  | U3-1994              |
|---|---|--|--|----------------------|
| No. 49662                               | Idaho Corporation Annual Report Form  Due No Later Than November 1,1994  1. Mailing Address — |  | B. J. HELTERBRAND 317 SOUTH 12TH   |                      |
| Return To                               |   |  |  |                      |
|   |   |  |  |                      |
| Secretary of State Room 203, Statehouse | MUTUAL INSURANCE ASSOCIATES, IN<br>BARBARA J. HELTERBRAND<br>1000 POCATELLO CREEK ROAD        |  | POCATELLO  | ID 83701             |
| P.O. BOX 83720                          |   |  |  |                      |
| Boise, ID 83720-0080                    |   |  | 3. Incorporated Under The Laws   |                      |
| * FIRST NOTICE *                        | vid.  |  | of 15  |                      |
| NO FEE REQUIRED                         | POCATELLO   | ID 83201   | NO: 49662  | *                    |
| 4. Names and Addresses of Officer       | s and Directors   | in a line of the supplementation of the suppl | ubilidida Samus  |                      |
|   | <u>Name</u>   | Street or P.O. Address   | City   | State Zip            |
| President BARBARA NOR                   | DIE STEFTE  | 1947 ANITA PLACE   | PUEATEUR   | JO 83201             |
| r redident.                             | HELTERKRAND   | 1947 ANITA PLAC<br>317 SO 127H ST  | POCATERIO  | TO 8320/             |
|   | HELLENCHWIN   | 311 30, 187 A 31   | , postition,   | - 00-07              |
| Directors:                              |   |  |  |                      |
|   |   |  | A STATE OF THE STA |                      |
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| ·                                       |   |  |  |                      |
|   |   |  |  |                      |
| 5. Nature of Business                   | 6. I certify that   | this Annual Report has been exa  | mined by me and is to the  | pest of my knowledge |
| - 1                                     | true, correct   | and complete.  |  | , /                  |
| INSURANCE AGENCY                        | Signature   | my fell  |  | 0/18/94              |
|   | Name (Typed of S  | BARBARA J. HELTE   | RISEAND Title SE   | CRETARY/TRA          |
|   |   | ,  |  |                      |