No. **W 24781**	**Due no later than Jun 30, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** MUTUAL COMBINED SERVICES, LLC B.J. HELTERBRAND 1575 BALDY AVE. POCATELLO ID 83201 USA	BARBARA J HELTERBRAND 1575 BALDY AVE POCATELLO ID 83201 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MUTUAL INSURANCE ASSOC INC	1575 BALDY AVE	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 24781**	Signature: Barbara Helterbrand	Date: 06/09/2014
	Name (type or print): Barbara Helterbrand	Title: Member Agent

Processed 06/09/2014

* Electronically provided signatures are accepted as original signatures.