


No. C 49662	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  MUTUAL INSURANCE ASSOCIATES, BARBARA J. HELTERBRAND 1575 BALDY  POCATELLO ID 83201		3. J. HELTERBRAND 317 SOUTH 12TH  POCATELLO ID 83701
	* <b>FIRST NOTICE</b> *		3. Organized Under the Laws of:  ID C 49662

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

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	BARBARA M. STEELE	1947 ANITA PL.	POCATELLO,	ID	83201
SEC./TREAS.	STEPHEN A. STEELE	1947 ANITA PL	POCATELLO,	ID	83201

5. NATURE OF BUSINESS  INSURANCE AGENCY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	
	Signature  Name (Typed or Printed) <u>BARBARA J. HELTERBRAND</u>	Date <u>10/21/96</u> Title <u>BOOKKEEPER</u>

ISSUED: 07-06-1995

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