No. W 24781		Due no later than Jun 30, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MUTUAL COMBINED SERVICES, LLC 1575 BALDY AVE POCATELLO ID 83201		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 N	lame		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		Signature: Barbara J. Helterbrand			Date: 06/14/2011			
W 24781		Name (type or print): Barbara J. Helterbrand Title: Registered Agent/Corp Sec.						
Processed 06/14/2011 * Electronically provided signatures are accepted as original signatures.								