

No. C 49662		Due no later than Jun 30, 2012 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. MUTUAL INSURANCE ASSOCIATES, INC. BARBARA J. HELTERBRAND 1575 BALDY POCATELLO ID 83201		B J. HELTERBRAND 2671 SO. FAIRWAY POCATELLO ID 83701			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	BARBARA J. HELTERBRAND	2671 SO. FAIRWAY	POCATELLO	ID	USA	83201	
PRESIDENT	BARBARA STEELE	1947 ANITA PLACE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID C 49662		6. Annual Report must be signed.* Signature: Barbara Name (type or print): Barbara					
Processed 05/14/2012		Date: 05/14/2012 Title: Helterbrand * Electronically provided signatures are accepted as original signatures.					