| No. <b>C 18651</b>  |   | Due no later than Mar 31, 2018  |  | 2. Registered Ag           | 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.  FILER MUTUAL TELEPHONE COMPANY ROBERT KRAUT PO BOX 89, 400 MAIN STREET FILER ID 83328 USA |  | 400 MAIN ST<br>FILER ID 83 | JUSTIN RECTOR 400 MAIN STREET FILER ID 83328  3. New Registered Agent Signature:* |         |             |  |
| 4. Corporations: Enter Na   | mes and Busin   | ess Addresses o   | of President, Secretary, and Directors. Treasu | urer (optional).           |   |         |             |  |
| Office Held   | Name  |   | Street or PO Address                           | City                       | State   | Country | Postal Code |  |
| TREASURER   | JOHN PITZ   |   | 3635 N 1900 E                                  | FILER                      | ID  | USA     | 83328       |  |
| PRESIDENT   | JOHN RAMSEYER   |   | 2246 E 4350 N                                  | FILER                      | ID  | USA     | 83328       |  |
| VICE PRESIDENT  | WILLIAM BA  | KER   | 3545 N 1900 E                                  | FILER                      | ID  | USA     | 83328       |  |
| SECRETARY   | CARL JONES  |   | 2246 N 2700 E                                  | TWIL FALLS                 | ID  | USA     | 83301       |  |
| DIRECTOR  | CLARK KAUF  | FFMAN   | 3791 N 2100 E                                  | FILER                      | ID  | USA     | 83328       |  |
| 5. Organized Under the Laws of:   |   | 6. Annual Report must be signed.*   |  |                            |   |         |             |  |
| ID<br>C 18651   |   | Signature: Justin Rector  |  | Date: 03/1                 | Date: 03/14/2018  |         |             |  |
|   |   | Name (type or print): Justin Rector   |  | Title: Acc                 | Title: Accounting Manager   |         |             |  |
| Processed 03/14/2018  | * Electronically provided signatures are accepted as original signatures. |   |  |                            |   |         |             |  |