

No. W 24781		Due no later than Jun 30, 2018		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		BARBARA J HELTERBRAND 1575 BALDY AVE POCATELLO ID 83201	
				3. <u>New</u> 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	83201
5. Organized Under the Laws of: ID W 24781		6. Annual Report must be signed.* Signature: BARBARA J HELTERBRAND Name (type or print): BARBARA J HELTERBRAND Date: 07/20/2018 Title: member			
Processed 07/20/2018		* Electronically provided signatures are accepted as original signatures.			