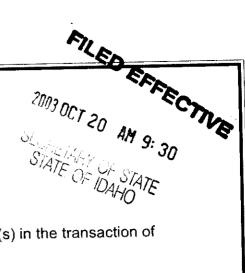
CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



D64836

The assumed business name which the undersigned use(s) in the transaction of business is: The Mutual Group		
2. The true name(s) and business address(es) business under the assumed business name Name Mutual Insurance Assoc., Inc. C 49662	::	ity or individual(s) doing Complete Address Baldy Ave., Pocatello, ID 83201
3. The general type of business transacted und		
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ✓ Finance, Insurance, and Real Estate 		Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:		Secretary of State 700 West Jefferson Basement West PO Box 83720
Mutual Insurance Assoc., Inc. 1575 Baldy Ave.		Boise ID 83720-0080 208 334-2301
Pocatello, ID 83201 5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent	Phone number (optional):
		Secretary of State use only
Signature: (signature required) Printed Name: Barbara J. Helterbrand Capacity/Title: Secretary/Treasurer (see instruction # 8 on back of form)	g.\corpiforms\abn forms\abn p65 Revised 04/2003	IDANO SECRETARY OF STATE 10/20/2003 05=00 CK: 31978 CT: 158010 BH: 707358 1 0 25.00 = 25.00 ASSUM NAME #