CERTIFICATE OF ASSUMED BUSINES ANAME FILED (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned of the printers of the code.				
To	the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Coo gives notice of adoption of an Assumed	ro, aro arraci		
The assumed business name which the undersigned use(s) in the transaction of business is:				
	MUTUAL COMBINED SER	VICES		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	MUTUAL INSURANCE ASSOC., INC. 15		Complete Address 575 BALOY AVE. POCATECIO.	
3.	The general type of business transacted un (mark only those that apply)	nder the ass	umed business name is:	
	Retail Trade Manufacturin	a 🔲 Tr	ansportation and Public Utilities	
	☐ Wholesale Trade ☐ Agriculture	Fii	nance, Insurance, and Real Estate	
	Services Construction	☐ Mi	ining	
4.	The name and address to which future		.*!	
	correspondence should be addressed:		Submit Certificate of	
	MUTHAL THISURANCE ASSOC		Assumed Business	
	1575 BALDY AVE. POCATEUD. ID 83201		Name and \$20.00 fee to:	
	<i>D</i>		Secretary of Otata	
	TOCATEUD. TO 83201		Secretary of State 700 West Jefferson	
£			Basement West	
Э.	Name and address for this acknowledgmen	nt	PO Box 83720	
	COPY is (if other than # 4 above):		Boise ID 83720-0080	
			208 334-2301	
			Secretary of State use only	
	—— A ,	Revision 2/97	IDAHO SECRETARY OF STATE	
Signature:		50 VBV	09/17/1998 69:00 CK: 18227 CT: 249% BH: 146845	
Printed Name: BJ. Herreinann 18			1 8 20.00 = 20.00 ASSUM NAME # 2	
Capacity: SECRETARN/TREASURENCE				
·	(see instruction # 8 on back of form)	g/corpiformstabr, pm6	D18353	