

No. W 24781		Due no later than Jun 30, 2010 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		1. Mailing Address: Correct in this box if needed. MUTUAL COMBINED SERVICES, LLC 1575 BALDY AVE POCATELLO ID 83201		BARBARA J HELTERBRAND 1575 BALDY AVE POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MUTUAL INSURANCE ASSOC INC	Street or PO Address 1575 BALDY AVE		City POCATELLO	State ID	Country USA	Postal Code 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: 06/18/2010 Title: Corp Representative					
Processed 06/18/2010 * Electronically provided signatures are accepted as original signatures.							