

No. <b>W 40099</b>	<b>Due no later than Jun 30, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ICS - INNOVATIVE CLAIM SOLUTIONS, LLC LIBBY HOOD 2197 SERENE DR BOISE ID 83706		LIBBY HOOD 2197 SERENE DR BOISE ID 83706			
			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
MANAGER	LIBBY HOOD	2197 SERENE DR	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID</b> <b>W 40099</b>	6. Annual Report must be signed.* Signature: Libby Hood Name (type or print): Libby Hood		Date: 06/29/2010 Title: Manager			
Processed 06/29/2010		* Electronically provided signatures are accepted as original signatures.				