No. <b>W 26322</b>		Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	C T CORPORATION SYSTEM				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  INMATE CALLING SOLUTIONS, LLC ATTN MARION LYONS C/O ICSOLUTIONS 1260 ANDES BOULEVARD SAINT LOUIS MO 63132-1702		921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ATTN MARIO						
	1260 ANDES E			3. New Registered Agent Signature:*			
NO FILING FEE IF	SAINT LOUIS						
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JAMES M	. THEISS	1260 ANDES BLVD.	ST. LOUIS	MO	USA	63132-1702	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
CA	Signature: Ma	Signature: Marion Lyons		Date: 08/21/2017			
W 26322	Name (type o	Name (type or print): Marion Lyons		Title: Authorized Representative			
Processed 08/21/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					