No. W 82005 Return to:		Due no later than Mar 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. ICCS LLC THOAMS KIRKHAM 1078 E RUTHERGLEN ST KUNA ID 83634 USA			2. Registered Agent and Address (NO PO BOX) THOMAS KIRKHAM 1078 E RUTHERGLEN ST KUNA 83634 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KUNA 83				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	THOMAS KI	RKHAM	1078 E RUTHERGLEN ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thon		Date: 01/17/2015				
W 82005		Name (type or p		Title: Owner				
Processed 01/17/2015 * Electronically provided signatures are accepted as original signatures.								