No. C 41356		_ D	ue no later than Aug 31, 2015	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTEGRATED PHARMACEUTICALS, INC. DAVID H SMITH 34 SHOREHAVEN ROAD NORWALK CT 06855		601 E SELTICE POST FALLS	COLUMBIA STOCK TRANSFER 601 E SELTICE WAY #202 POST FALLS ID 83844 3. New Registered Agent Signature:*			
4. Corporations: Enter Nati Office Held PRESIDENT SECRETARY TREASURER DIRECTOR DIRECTOR DIRECTOR	mes and Busin Name DAVID H SN DAVID H SN DAVID H SN DAVID H SN SALLY JOHN PETER FEAT	MITH MITH MITH MITH SON-CHIN	f President, Secretary, and Directors. Treasu Street or PO Address 34 SHOREHAVEN ROAD 34 SHOREHAVEN ROAD 34 SHOREHAVEN ROAD 34 SHOREHAVEN ROAD 1 FIELDSTONE DRIVE 775 SILVER SPRING ROAD	rer (optional). City NORWALK NORWALK NORWALK NORWALK WORWALK WORWALK WINCHESTER FAIRFIELD	State CT CT CT CT CT CT	Country USA USA USA USA USA USA USA	Postal Code 06855 06855 06855 06855 01890 06824	
5. Organized Under the Laws of: ID C 41356		6. Annual Report must be signed.* Signature: David H Smith Name (type or print): David H Smith * Electronically provided signatures are asserted as original signatures.		Date: 07/07/2015 Title: Treasurer				
Processed 07/07/2015		* Electronically	provided signatures are accepted as original	signatures.				