No. <b>C 180112</b>	Due no later than Sep 30, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			JACKLYN Z MCDONALD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  INTEGRATIVE THERAPIES INC.  JACKLYN Z MCDONALD  PO BOX 1512  MCCALL ID 83638		MCCALL ID	13940 COUNTRY WAY MCCALL ID 83638  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JACKLYN Z	MCDONALD	PO BOX 1512	MCCALL	ID	USA	83638	
5. Organized Under the Laws of:	zed Under the Laws of:  6. Annual Report must be signed.*						
ID	Signature: Jacklyn McDonald Date: 07/18/2012						
C 180112	Name (type or print): Jacklyn McDonald			Title: President			
Processed 07/18/2012	* Electronically provided signatures are accepted as original signatures.						