| No. C 164207 | | Due no later than Dec 31, 2012 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|---|---|------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | LORINDA L SANDERS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. INTEGRITY THERAPEUTIC SERVICES, P.C. LORINDA L SANDERS PO BOX 783 WEISER ID 83672 | | | 34 E IDAHO STE 1 WEISER ID 83672 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Nar | mes and Busin | ess Addresses of | President, Secretary, and Directors. Trea | surer (opt | tional). | | | |
| Office Held | Name | | Street or PO Address | C | City | State | Country | Postal Code |
| PRESIDENT | LORINDA L | SANDERS | P.O. BOX 783 | V | VEISER | ID | USA | 83672 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Lorinda Sanders | | | Date: 11/02/2012 | | | |
| C 164207 | | Name (type or print): Lorinda Sanders | | | Title: President | | | |
| Processed 11/02/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |