

No. C 106579		Due no later than Jun 30, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. INNOVATIVE HEALTH CARE CONCEPTS, INC. LONNA SMITH 790 S HOLMES IDAHO FALLS ID 83401		LONNA SMITH 790 S HOLMES IDAHO FALLS ID 83401			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SUSAN BUTIKOFER	14237 N. 5TH W	IDAHO FALLS	ID	USA	83401	
DIRECTOR	MARILYN ARD	2412 HAROLD DRIVE	IDAHO FALLS	ID	USA	83402	
SECRETARY	DEBBIE SAMSON	1940 CABELLARO	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID C 106579		6. Annual Report must be signed.* Signature: Lonna J. Smith Name (type or print): Lonna J. Smith					
		Date: 04/16/2010 Title: President					
Processed 04/16/2010		* Electronically provided signatures are accepted as original signatures.					