No. C 129901	Due no later than Aug 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. INTEGRATED THERAPIES, INC. G GARY GRIFFETH PO BOX 810 REXBURG ID 83440		BOX)	2. Registered Agent and Office (NOT A P.O. BOX) G GARY GRIFFETH 450 E MAIN REXGURG ID 83440 3. New Registered Agent Signature.			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			450 E N				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Reg				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. Office Held Name Street or PO Address City State Country Postal Code							
Vuesident G.	. G. Guiffery	R.D.810	Rexbui	g Ida	e Madi	1928 3 4 VIS	
5. Organized Under the Laws o	f: 6. Signature:	xyxyuthe	M Z-T	<u> </u>	Date:7	120/75	
IDAHO C 129901	Name (type or print		FFETY		Title:	President	
Issued 06/22/2011 by JL1						131936	