| No. C 106579 | | Due no later than Jun 30, 2009 | | 7 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|---|----------|--|----------|-------------------|-------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 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. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ess Addresses of Pres | ident Secretary and Directors Trea | surer (c | ontional) | | | |
| Office Held | 253 | | Street or PO Address | 00101 (0 | City | State | Country | Postal Code |
| DIRECTOR DIRECTOR SECRETARY | SUSAN BUTIKOFER MARILYN ARD DEBBIE SAMSON | | 14237 N. 5TH W 2412 HAROLD DRIVE 1940 CABELLARO | | IDAHO FALLS IDAHO FALLS IDAHO FALLS | ID ID | USA USA USA | 83401 83402 83406 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 106579 | | Signature: Lonna J. Smith Name (type or print): Lonna J. Smith | | | Date: 04/16/2009 Title: President | | | |
| Processed 04/16/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |