No. C 106579		Due no later than Jun 30, 2015		2. Registered	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		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 83401 3. New Registered Agent Signature:*			
				IDAHO FAL				
4. Corporations: Enter N	lames and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ECTOR SUSAN BUTIKOFE		14237 N. 5TH W	IDAHO FALLS	S ID	USA	83401	
DIRECTOR MARILYN WA		ALKER	2412 HAROLD DRIVE	IDAHO FALLS	S ID	USA	83402	
SECRETARY DEBBIE SAM		SON	1940 CABELLARO	IDAHO FALLS	S ID	USA	83406	
PRESIDENT	LONNA J SN	1ITH	2676 CORONADO CIR	IDAHO FALLS	S ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report m						
ID		Signature: Lonna J. Smith			Date: 04/17/2015			
C 106579		Name (type or pr		Title: President				
Processed 04/17/2015		* Electronically provi	ded signatures are accepted as origina	al signatures.				