No. C 155236		Due no later than Jun 30, 2013 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	GAIL L KING 98 POPLAR BLACKFOOT ID 83221			
		1. Mailing Address: Correct in this box if needed. INTEGRATED MASSAGE THERAPY SERVICES, INC. GAIL L. KING PO BOX 1223				
		BLACKFOOT ID 83221	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code
SECRETARY KOT	ΓER PAUL	98 POPLAR ST.	BLACKFOOT	ID	USA	83221
	T A. NILSS	ON 140 W. 210 N.	BLACKFOOT	ID	USA	83221
PRESIDENT GAIL	L KING	PO BOX 1223	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		Annual Report must be signed.*				
ID		Signature: Gail L. King Date: 05/07/2013				
C 155236		Name (type or print): Gail L. King Title: President				
Processed 05/07/2013	* Electronically provided signatures are accepted as original signatures.					