No. <b>C 155236</b>		Due no later than Jun 30, 2009	2. Registered Agent and Address (NO PO BOX)  GAIL L KING 98 POPLAR BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  INTEGRATED MASSAGE THERAPY SERVICES, INC. GAIL L. KING PO BOX 1223 BLACKFOOT ID 83221				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter I	Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT GAIL L KING		PO BOX 1223	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Gail L. King	Date: 04/20/2009			
C 155236		Name (type or print): Gail L. King	Title: Owner/President			
Processed 04/20/2009 * Electronically provided signatures are accepted as original signatures.						