No. <b>C 180112</b>	Due no later than Sep 30, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			JACKLYN Z MCDONALD 13940 COUNTRY WAY MCCALL ID 83638			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  INTEGRATIVE THERAPIES INC.  JACKLYN Z MCDONALD  PO BOX 1512		d.				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
	MCCALL ID 83638		3.	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 Name		Street or PO Address	(	City	State	Country	Postal Code
PRESIDENT JACKLYN Z	MCDONALD	PO BOX 1512	N	MCCALL	ID	USA	83638
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Jacklyn Z McDonald			Date: 08/05/2010			
C 180112	Name (type or print): Jacklyn Z McDonald			Title: President			
Processed 08/05/2010	* Electronically provided signatures are accepted as original signatures.						