No. <b>C 155236</b>		Due no later than Jun 30, 2011 2. Registered Agent and Address (NO PO B				
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.  INTEGRATED MASSAGE THERAPY SERVICES, INC. GAIL L. KING PO BOX 1223 PLACE FOR TRANSPORT	GAIL L KING 98 POPLAR BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		BLACKFOOT ID 83221 ess Addresses of President, Secretary, and Directors. Treasurer		ed Agent 3	ignature.	
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:  ID  C 155236		6. Annual Report must be signed.* Signature: Gail L King Name (type or print): Gail L King	Date: 04/29/2011 Title: President			
Processed 04/29/2011 * Electronically provided signatures are accepted as original signatures.						