

No. C 155236		Due no later than Jun 30, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. INTEGRATED MASSAGE THERAPY SERVICES, INC. GAIL L. KING PO BOX 1223 BLACKFOOT ID 83221		GAIL L KING 98 POPLAR BLACKFOOT ID 83221			
						3. <u>New</u> Registered Agent Signature:*	
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	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: 04/13/2010 Title: President					
Processed 04/13/2010 * Electronically provided signatures are accepted as original signatures.							