| No. <b>C 180112</b>   | Due no later than Sep 30, 2009  |                      |     | 2. Registered Agent and Address (NO PO BOX)                |       |         |             |
|---|---|----------------------|-----|--|-------|---------|-------------|
| Return to:<br>SECRETARY OF STATE  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  INTEGRATIVE THERAPIES INC.  JACKLYN Z MCDONALD  PO BOX 1512 |                      | ed. | JACKLYN Z MCDONALD<br>13940 COUNTRY WAY<br>MCCALL ID 83638 |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |   |                      |     |  |       |         |             |
|   | MCCALL ID 83638   |                      | 3   | 3. <u>New</u> Registered Agent Signature:*                 |       |         |             |
| NO FILING FEE IF<br>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          |     | MCCALL   | ID    | USA     | 83638       |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.*  |   |                      |     |  |       |         |             |
| ID  | Signature: Jacklyn Z. McDonald  |                      |     | Date: 07/28/2009   |       |         |             |
| C 180112  | Name (type or print): Jacklyn Z. McDonald Title: Preside  |                      |     | President  |       |         |             |
| Processed 07/28/2009  | * Electronically provided signatures are accepted as original signatures.   |                      |     |  |       |         |             |