

1.) CORPORATION NAME: INTEGRATIVE COMMUNICATION HEALTH SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SUZETTE WOLFE 374 SWOPE LANE FAIRFIELD, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROCKBRIDGE COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 10/31/2014 SCC ID NO: 04926846 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
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COMMON	25,000				

6.) PRINCIPAL OFFICE ADDRESS:	
ADDRESS: 1105 GREENVILLE AVE	
CITY/ST/ZIP: STAUNTON, VA 24401	

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID S WOLFE		
TITLE: PRESIDENT		
ADDRESS: 374 SWOPE LANE		
CITY/ST/ZIP/CO: FAIRFIELD, VA 24435		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUZETTE D WOLFE		
TITLE: T/S		
ADDRESS: 374 SWOPE LANE		
CITY/ST/ZIP/CO: FAIRFIELD, VA 24435		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SUZETTE D WOLFE	SUZETTE D WOLFE, T/S	10/9/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.