No. C 204478 Return to:	Due no later than Dec 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. PLANT THERAPY, INC. CHRISTOPHER S JONES 510 2ND AVE S. TWIN FALLS ID 83301 USA		2. Registered Agent and Address (NO PO BOX) CHRISTOPHER JONES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			TWIN FALLS ID 83301-8330 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busin	ness Addresses of Presid	dent, Secretary, and Directors. Treasurer	(optional).			
Office Held Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT CHRISTOPH	ER SWANK JONES	510 2ND AVE S.	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report mus					
ID	Signature: Chris Jones		Date: 10/13/2015			
C 204478	Name (type or print): Chris Jones		Title: President			
Processed 10/13/2015	* Electronically provided signatures are accepted as original signatures.					