No. W 130485			Due no later than Oct 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. BLOOM WHERE PLANTED THERAPY SERVICES, LLC JENNIFER A UNGER 1498 FALL RIVER ROAD IDAHO FALLS ID 83401		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		BLOOM WHE			JENNIFER A UNGER 1498 FALL RIVER ROAD IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
		1498 FALL R						
4. Limited Liability Comp	oanies: Enter I	Names and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JENNIFER	ANN UNGER	1498 FALL RIVER ROAD	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Repo	6. Annual Report must be signed.*					
ID W 130485		Signature: J	Signature: Jennifer Unger		Date: 08/27/2018			
		Name (type	Name (type or print): Jennifer Unger		Title: Manager			
Processed 08/27/2018		* Electronically	* Electronically provided signatures are accepted as original signatures.					