

State of Idaho

Office of the Secretary of State

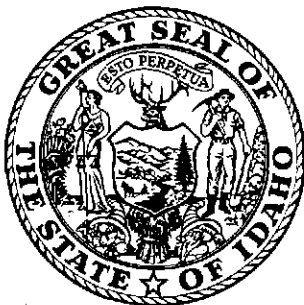
**CERTIFICATE OF REGISTRATION
OF
PRIMAL THERAPIES, INC.**

File Number C 211922

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: November 30, 2016



Lawrence Denney
SECRETARY OF STATE

By

John P. Linn



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2016 NOV 30 PM 12: 34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Primal Therapies, Inc.
2. The name which it shall use in Idaho is: Primal Therapies, Inc.
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
☒ Business Corporation ☐ General Partnership
☐ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust
☐ Other: _____
 (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
9947 West Emerald St. Boise, ID 83704
 (Street Address)

 (Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

 (Street Address)

 (Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

 (Address)
8. Name and street address of registered agent in Idaho:
Robert Stein 3351 South Holden Ave. Boise ID 83706
 (Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Emily Stein</u>	<u>President</u>	<u>963 Helen Ave. San Leandro, CA. 94577</u>
(Name)	(Capacity)	(Address)
<u>Robert Stein</u>	<u>Treasurer</u>	<u>3351 South Holden Ave. Boise ID 83706</u>
(Name)	(Capacity)	(Address)

Typed Name: Robert Stein

Signature: *Robert Stein*

Capacity: Treasurer

Secretary of State use only

IDAHO SECRETARY OF STATE

11/30/2016 05:00

CK:4389168 CT:172099 BH:1557294
1@ 100.00 = 100.00 FOR REG ST #2

C211922

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIMAL THERAPIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMAL THERAPIES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5249169 8300

SR# 20166203089

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203160052

Date: 10-14-16