No. **C 204478**	**Due no later than Dec 31, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PLANT THERAPY, INC. CHRISTOPHER S JONES 510 2ND AVE S. TWIN FALLS ID 83301 USA	CHRISTOPHER JONES 510 2ND AVE S. TWIN FALLS ID 83301-8330 3. New Registered Agent Signature:*

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	CHRISTOPHER SWANK JONES	510 2ND AVE S.	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 204478**	Signature: Janice Jones	Date: 11/28/2017
	Name (type or print): Janice Jones	Title: HR

Processed 11/28/2017

* Electronically provided signatures are accepted as original signatures.