

State of Idaho

Office of the Secretary of State

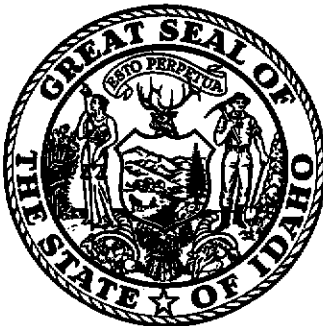
**CERTIFICATE OF AUTHORITY
OF
ONE LIFE AMERICA, INC.**

File Number C 185546

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 21, 2009



Ben Ysursa

SECRETARY OF STATE

By

Jinda McChesney



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

09 DEC 21 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

One Life America, Inc.

2. The name which it shall use in Idaho is: One Life America, Inc

3. It is incorporated under the laws of: Mississippi

4. Its date of incorporation is: 11-18-2009

5. The address of its principal office is:

3800 US Hwy 45 N, Meridian, MS 39301

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: C T Corporation System

and its registered agent in Idaho at that address is: 1111 West Jefferson Suite 530 Boise, ID 83702

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Gary Wade Parker</u>	<u>President</u>	<u>3800 US Hwy 45 N, Meridian, MS 39301</u>
<u>Michael Hosch</u>	<u>Secretary</u>	<u>3800 US Hwy 45 N, Meridian, MS 39301</u>
<u>Hallie Phillips</u>	<u>Vice President</u>	<u>3800 US Hwy 45 N, Meridian, MS 39301</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 12/17/09

Signature: _____

Typed Name: Gary Wade Parker

Capacity: President

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

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bms\app\corporatecorp\authority_profit.pmd
Revised 06/2005

IDAHO SECRETARY OF STATE
12/21/2009 05:00
CK: 4221 CT: 217457 BH: 1200032
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Web Form

C185546

State of Mississippi

Office of the Secretary of State
C. Delbert Hosemann, Jr., Secretary of State
Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMAN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on November 18, 2009, the State of Mississippi issued a Charter/Certificate of Authority to:

ONE LIFE AMERICA, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
December 8, 2009

C. Delbert Hosemann, Jr.

C. Delbert Hosemann, Jr.
Secretary of State