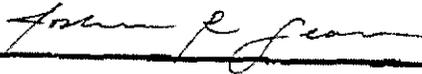


| No. W 95185 | Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011 | | 2. Registered Agent and Office (NOT A P.O. BOX) JOSHUA SEARLE 3395 SOUTH HOLMES IDAHO FALLS ID 83404 | | | | | | | | | | | | | | | |
|---|---|----------------------|---|-------|-------------------|-------------|----------------------|------|-------|---------|-------------|-------------------------------|-------------------|--------------------|-----------|----|--------|---------|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed, PH PURE HEALTH LLC 3395 SOUTH HOLMES IDAHO FALLS ID 83404 | | 3. New Registered Agent Signature. | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager (Member) (circle one)</td> <td>IVAN DOUGLAS KIER</td> <td>3420 15TH AVE WEST</td> <td>VANCOUVER</td> <td>BC</td> <td>CANADA</td> <td>V6R 2Z1</td> </tr> </tbody> </table> | | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager (Member) (circle one) | IVAN DOUGLAS KIER | 3420 15TH AVE WEST | VANCOUVER | BC | CANADA | V6R 2Z1 |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | |
| Manager (Member) (circle one) | IVAN DOUGLAS KIER | 3420 15TH AVE WEST | VANCOUVER | BC | CANADA | V6R 2Z1 | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 95185 | 6. Signature:  Date: 3/7/12 <hr/> Name (type or print) JOSHUA R SEARLE Title: REGISTERED AGENT | | | | | | | | | | | | | | | | | |
| Issued 03/07/2012 by SLD | | | | | | | | | | | | | | | | | | |