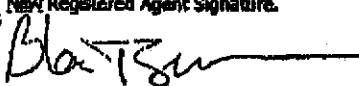


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No. W 43127	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) BLAIR SIMMONS 3758 N YELLOWSTONE HWY IDAHO FALLS ID 83401																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. EZ HEALTH OF AMERICA LLC. Please BLAIR SIMMONS change 3758 N YELLOWSTONE HWY IDAHO FALLS ID 83401 3129 N. Foothill Rd. Address IDAHO FALLS ID 83401		3. New Registered Agent Signature.  																												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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>Member President</td> <td>Blair T Simmons</td> <td>3129 N. Foothill Rd</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Member Vice President</td> <td>Pinny A. Simmons</td> <td>3129 N. Foothill Rd</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Member Secretary</td> <td>Galen Haugh</td> <td>254 N. 3900 East</td> <td>Risky</td> <td>ID</td> <td>USA</td> <td>83442</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member President	Blair T Simmons	3129 N. Foothill Rd	Idaho Falls	ID	USA	83401	Member Vice President	Pinny A. Simmons	3129 N. Foothill Rd	Idaho Falls	ID	USA	83401	Member Secretary	Galen Haugh	254 N. 3900 East	Risky	ID	USA	83442
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5. Organized Under the Laws of IDAHO W 43127	6. Signature:  Name (type or print): Blair T Simmons Date: 3-9-2010 Title: Member Pres.																														
Issued 03/10/2010 by CLH																															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.