State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY OF ALTERED FITNESS, INCORPORATED

File Number C 172136

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: March 21, 2007



Ben youra SECRETARY OF STATE

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APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit) (Instructions on Back of Application)

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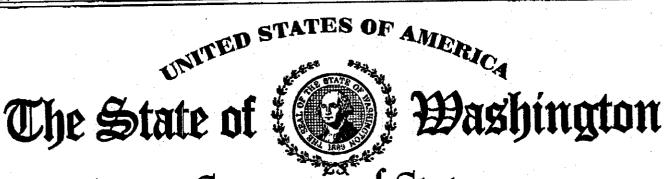
The undersigned Corporation applies for a Certificate of Authority and states as follows: 1. The name of the corporation is: 1. The name of the corporation is: 1. The name which it shall use in idaho is: 1. The name which it shall use in idaho is: 1. The name which it shall use in idaho is: 1. The name which it shall use in idaho is: 1. The address of its principal office is: 1. The address of its principal office is: 1. The address of its principal office is: 1. The address to which correspondence should be addressed, if different from item 5, is: 1. The address of its registered office in idaho is:, 1. The street address of its registered office in idaho is:, 1. The street address of its registered office in idaho is:, 1. The names and respective business addresses of its directors and officers are: 1. Name 1. The names and respective business addresses of its directors and officers are: 1. The names and respective business addresses of its directors and officers are: 1. The names and respective business addresses of its directors and officers are: 1. The names and respective business addresses of its directors and officers are: 1. The names and respective business addresses of its directors and officers are: 1. The names and respective business addresses of its directors and officers are: 1. The name of the corporation is: 1. The name of the laws of its registered office is: 1. The name of the laws of its registered office is: 1. The name of the laws of its registered office is: 1. The name of the laws of its registered office is: 1. The name of the laws of its registered office is: 1. The name of the laws of its registered office is: 1. The name of the laws of its registered office is: 1. The name of the laws of its registered office is: 1. The name of its registered off		(11101111111111111111111111111111111111		•	STATE OF IDAHO	
A It is incorporated under the laws of: It is incorporated under the laws of: It is date of incorporation is: It is date of incor	The undersigned Co	rporation applies for a	Certificate of Authority	and states as f	ollows:	
2. The name which it shall use in idaho is: Alexed Fitness Inc. 3. It is incorporated under the laws of: Washington 4. Its date of incorporation is: 5 4 0 2 5. The address of its principal office is: 93 Blue Tay Sagle ID 83840 6. The address to which correspondence should be addressed, if different from item 5, is: P. O. BOX 407 Sagle ID 838400 7. The street address of its registered office in Idaho is:, 93 Blue Tay and its registered agent in Idaho at that address is: Angela Willer 8. The names and respective business addresses of its directors and officers are: Name Office Held Business Address Angela Willer President 93 Blue Jay Sagle ID 838400 Dated: 3 2 1 0 7 Signature: Angela Miller Signature: Angela Miller Business Address Typed Name: Angela Miller Business Address 1 DANS SECRIPATION STATE Typed Name: Angela Miller Business Address 1 DANS SECRIPATION STATE B3/21/2867, 65 5						
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6. The address to which correspondence should be addressed, if different from item 5, is: P. O. BOX 407 Sagle 1D 83860 7. The street address of its registered office in Idaho is: and its registered agent in Idaho at that address is: Angela M:Ner 8. The names and respective business addresses of its directors and officers are: Name Office Held Business Address Angela M:Ner President 93 Blue Jay Sagle 1D 83860 Dated: 312107 Customer Acct #: Plusting primpaid account! Signature: Angela Miller Typed Name: Angela Miller Typed Name: Angela Miller Typed Name: Angela Miller	5. The address of i	its principal office is:	Eala ID	83860		
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Capacity: President 188.88 AUTH P	Conscion Pre	sident	officer of the corporation.	March Control of Contr	1 29.80 = 28.80 CORP SUR	# 2 # 3

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Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

ALTERED FITNESS, INCORPORATED

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 5/14/2002.

I FURTHER CERTIFY that as of the date of this certificate, ALTERED FITNESS, INCORPORATED remains active and has complied with the filing requirements of this office.

Date: March 21, 2007

UBI: 602-205-379



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State