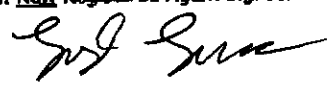


No. C 180030		Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) 2000 E SELTICE WAY #170 Tony Lewis 2600 E SELTICE WAY #170 POST FALLS ID 83854	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. HEALTH SOLUTIONS INC. 2000 E SelTice Way Tony Lewis 2600 E SELTICE WAY #170 POST FALLS ID 83854		3. New Registered Agent Signature. 	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	Tony Lewis	PO BOX 3370	Post falls.	Id	USA 83877
Secretary	Tony Lewis	PO BOX 3370	Post falls.	Id	USA 83877
5. Organized Under the Laws of: IDAHO C 180030		6. Signature:  Date: 1/14/2011 Name (type or print): Tony Lewis Title: President			
Issued 01/11/2011 by SLD					