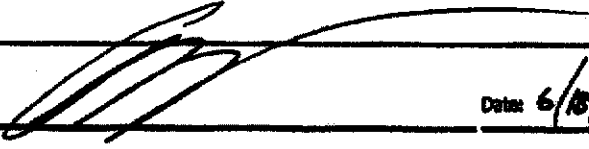


No. W 40577	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) AL CZAP 25820 HIGHWAY 2 WEST SANDPOINT ID 83864															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. THORNE NUTRITION, LLC PO BOX 25 DOVER ID 83825		3. Now 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>CEO</td><td>Al Czup</td><td>PO Box 25</td><td>Dover</td><td>ID</td><td>USA</td><td>83825</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	CEO	Al Czup	PO Box 25	Dover	ID	USA	83825
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
CEO	Al Czup	PO Box 25	Dover	ID	USA	83825												
5. Organized Under the Laws of: IDAHO W 40577		6. Signature:  Name (type or print): AL CZAP			Date: 6/18/10 Title: CEO													
Issued 06/18/2010 by CLH																		