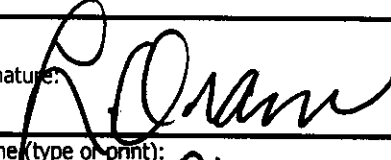


No. C 182426	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) KATHY JO MERZLOCK 2858 MARGO LN POCA TELLO ID 83201																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. OPTIMUM HEALTH INC. LARAE ORAM 36 CEDAR HILLS DR POCA TELLO ID 83204 USA		3. <u>New</u> Registered Agent Signature.																					
REINSTATEMENT FEE DUE: \$30.00																								
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>Pres</td> <td>Larae Oram</td> <td>36 Cedar Hills</td> <td>Pocatello</td> <td></td> <td></td> <td>83204</td> </tr> <tr> <td>Vice Pres</td> <td>William R. Oram</td> <td>36 Cedar Hills</td> <td>Pocatello</td> <td></td> <td>Bannock Idaho..</td> <td>83204</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Larae Oram	36 Cedar Hills	Pocatello			83204	Vice Pres	William R. Oram	36 Cedar Hills	Pocatello		Bannock Idaho..	83204
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5. Organized Under the Laws of: IDAHO C 182426		6. Signature:  Name (type or print): <u>L. Oram</u> Date: <u>4/16/13</u> Title: _____																						