

REINSTATEMENT

No. C 144422	Annual Report Form ADMIN DISSOLVED 09/05/2007		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable ACHIEVING TOTAL HEALTH, INC. PO BOX 223 929 16th Avenue LEWISTON, ID 83501		WILLIAM J SCHARNHORT 1228 18TH ST LEWISTON, ID 83501 3. New registered agent signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0" style="width:100%"> <tr> <td style="width:15%"><u>Office held</u></td> <td style="width:35%"><u>Name</u></td> <td style="width:35%"><u>Street or P.O. Address</u></td> <td style="width:10%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:10%"><u>Zip</u></td> </tr> <tr> <td></td> <td>PRESIDENT WILLIAM J SCHARNHORT</td> <td>1228 18th Street</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		PRESIDENT WILLIAM J SCHARNHORT	1228 18th Street	LEWISTON	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	PRESIDENT WILLIAM J SCHARNHORT	1228 18th Street	LEWISTON	ID	83501										
5. Organized under the laws of: IDAHO C 144422		6. Signature <u>William J Scharnhort</u> Date <u>10-07</u> Name (Typed or Printed) <u>WILLIAM J SCHARNHORT</u> Title <u>OWNER</u>													

SECRETARY OF STATE
 OCT 25 AM 8:16
 STATE OF IDAHO