

State of Idaho

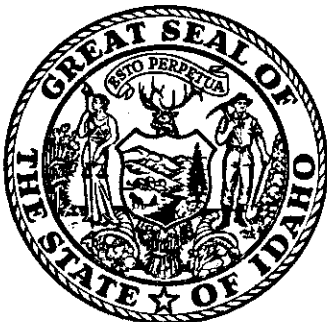
Office of the Secretary of State

LIMITED LIABILITY COMPANY REINSTATEMENT CERTIFICATE

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that the articles of organization of **HEALTHY LIVING LLC**, file number W 29169, a limited liability company organized under the laws of the State of Idaho, was administratively dissolved on June 8, 2007, for failure to file the required annual report form by the date due.

I FURTHER CERTIFY That the limited liability company has on October 17, 2007, been reinstated on the records of this office, and that its articles of organization in the State of Idaho are hereby restored.

Dated: October 17, 2007



Ben Yursa


SECRETARY OF STATE

By *Debbie R. Harnsworth*

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Block 1:** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.
- Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.
- Block 3:** Only a new registered agent must sign in Block 3.
- Block 4:** Enter names and business addresses of president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only. **Note:** Putting "same as last year" or "same as above" will not be accepted.
- Block 5:** May not be altered through the use of this form.
- Block 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.

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<h2>APPLICATION FOR REINSTATEMENT</h2>	
<h3>To the SECRETARY OF STATE, STATE OF IDAHO</h3>	
<p>1. The name of the Idaho corporation / limited liability company / limited partnership / limited liability partnership applying for reinstatement following administrative dissolution or forfeiture, if available, is:</p> <p style="text-align: center;"><u>HEALTHY LIVING LLC</u></p>	
<p>2. The date of its incorporation / organization was: <u>March 11, 2004</u></p>	
<p>3. The corporation / limited liability company / limited partnership / limited liability partnership hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.</p>	
<p>4. This application is accompanied by a current annual report, appointment of registered agent, or articles of amendment extending existence, as appropriate, and a filing fee of \$30.00.</p>	
<p>Signature: <u>[Signature]</u></p>	
<p>Capacity/Title: <u>Manager</u></p>	
<p>Date: <u>10/17/07</u></p>	
<p><small>(must be signed by a chairman of the board of directors, officer or partner of the corporation / LLC / LP / LLP)</small></p>	

FILED EFFECTIVE

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SECRETARY OF STATE
STATE OF IDAHO

Secretary of State use only

IDAHO SECRETARY OF STATE
10/17/2007 05:00
CK: 1313217 CT: 172099 BH: 1081028
1 @ 30.00 = 30.00 CORP REINS # 2

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Rev. 10/2006