

STATE OF ALABAMA

FOR-PROFIT CORPORATION ARTICLES OF DISSOLUTION

INSTRUCTIONS:

STEP 1: FILE ORIGINAL AND TWO COPIES WITH THE JUDGE OF PROBATE IN THE COUNTY WHERE THE ORIGINAL ARTICLES OF INCORPORATION ARE FILED WITH SECRETARY OF STATE AND JUDGE OF PROBATE FEES ATTACHED. THE JUDGE OF PROBATE'S FILING FEE IS \$10 AND THE SECRETARY OF STATE'S FILING FEE IS \$20.

PURSUANT TO THE PROVISIONS OF THE ALABAMA BUSINESS CORPORATION ACT, THE UNDERSIGNED FOR-PROFIT CORPORATION SUBMITS THE FOLLOWING ARTICLES OF DISSOLUTION.

- Article I The name of the corporation.
LIVING BETTER NATURALLY, INC.
- Article II The dissolution was authorized on DECEMBER 30, 19 97.
- Article III The total number of shareholder votes entitled to be cast is 100. The number of shareholders voting for the dissolution was 1 and the number of shareholders voting against the dissolution was Ø.
- Article IV If voting by groups, the information required by III above must be separately provided for each group entitled to vote.
- Article V If the dissolution was approved by written consent of all shareholders, a statement to that effect may be substituted for requirements III & IV above when a copy of such signed consent is attached.

Date DECEMBER 30, 1997

LOUIE SCOTT HARRISON
Type or Print Corporate Officer's Name and Title

Louie Scott Harrison
Signature of Officer

Personal Representative
for the Estate of
Louie Scott Harrison

Inst # 1997-42216

REV 8/96

36 Fox Fire Cir
Indian Springs, AL

12/30/1997-42216
02:04 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 HCD 30.00

35124

Inst # 1997-42216

LETTERS TESTAMENTARY

THE STATE OF ALABAMA
COURT OF PROBATE

SHELBY COUNTY
CASE # 36-003

The Will of Louie Scott Harrison having been duly admitted to record in said county, **LETTERS TESTAMENTARY** are hereby granted to Terry Stiles Harrison as Personal Representative named in said Will, who has duly qualified in compliance with the requisite of the law, and is authorized to administer such estate. Subject to the priorities stated in *Ala. Code, §43-8-76 (1975, as amended)*, the said Personal Representative, acting prudently for the benefit of interested persons, has all the powers, without limitation, authorized in transactions under *Ala. Code, §43-2-843 (1975, as amended)*, unless expressly modified in the Will.

Witness my hand, and dated this 19th day of March, 1997.

PATRICIA YEAGER FUHRMEISTER
PATRICIA YEAGER FUHRMEISTER
JUDGE OF PROBATE

THE STATE OF ALABAMA
SHELBY COUNTY

I, PATRICIA A. SEWELL, CHIEF CLERK of the Probate Court of Shelby County, Alabama hereby certify that the foregoing is a true, correct and full copy of the **LETTERS TESTAMENTARY** issued to Terry Stiles Harrison, as Personal Representative of the Will of Louie Scott Harrison, deceased, as the same appears of record in said court. I further certify that said Letters are still in full force and effect.

Given under my hand, and seal of office, this 27th day of March, 1997.


CHIEF CLERK

CERTIFICATE OF DEATH

STATE
FILE NO. 151

06784

1. DECEASED - FIRST NAME Louie			MIDDLE NAME Scott			LAST NAME Harrison			2. SEX Male		3. DATE OF DEATH (MONTH, DAY, YEAR) October 10, 1996					
4a. RACE Caucasian			4b. IS PERSON OF SPANISH ORIGIN? <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Central & American <input checked="" type="checkbox"/> Other & Unknown Spanish Origin			5a. AGE - LAST BIRTHDAY YEARS 48		5b. UNDER 1 YR. MO. DAYS HOURS MIN.		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (MONTH, DAY, YEAR) February 19, 1948		7b. COUNTY OF DEATH Maui		
7a. ISLAND OF DEATH Lanai			7b. CITY, TOWN OR LOCATION OF DEATH Lanai City			7c. HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER, GIVE STREET AND NUMBER Lanai Community Hospital						7d. IF HOSP OR INST. INDICATE DOA, OP, EMER, AM., INPATIENT SPECIFY Emergency Room				
8. STATE OF BIRTH IF NOT IN U.S.A. (NAME COUNTRY) North Carolina			9. CITIZEN OF WHAT COUNTRY U S A			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY Married			11. SURVIVING SPOUSE IF WIFE, GIVE MAIDEN NAME Terry Stiles Lambert			12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes				
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Office Manager			14b. KIND OF BUSINESS OR INDUSTRY Computer Sales			14c. EDUCATION (Specify highest grade completed) Coll 4							
15a. RESIDENCE - STATE Alabama			15b. COUNTY Shelby			15c. CITY, TOWN, OR LOCATION Indian Springs			15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		15e. NUMBER, STREET AND ZIP 36 Fox Fire Circle 35124					
16. FATHER - FIRST NAME Louie			MIDDLE NAME - -			LAST NAME Harrison			17. MOTHER - FIRST NAME Imogene			MIDDLE NAME - -			MAIDEN NAME Jolly	
18a. INFORMANT - NAME Terry Stiles Harrison						18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 36 Fox Fire Circle, Indian Springs, Alabama 35124										
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation			19b. CEMETERY OR CREMATORY - NAME Nakamura's Crematory			19c. LOCATION CITY OR TOWN STATE Wailuku Hawaii										
19d. DATE (MONTH, DAY, YEAR) October 14, 1996			19e. PERMIT NUMBER 572-96			20a. FUNERAL HOME - NAME Borthwick Mortuary-Norman's			20b. FUNERAL DIRECTOR - SIGNATURE MAX Y Stephens							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) [Signature]						21b. DATE SIGNED (MO., DAY, YR.) October 14, 1996						21c. TIME OF DEATH 12:20 P.				
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Anthony Manoukian, M.D.						22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) [Signature]						22b. DATE SIGNED (MO., DAY, YR.) October 14, 1996		22c. TIME OF DEATH 12:20 P.		
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) Anthony Manoukian, M.D. 221 Mahalani Street, Wailuku, Hawaii 96793						24a. REGISTRAR - SIGNATURE [Signature]						24b. DATE RECEIVED BY LOCAL REGISTRAR DEPUTY OCT 14 1996		24c. DATE FILED BY STATE REGISTRAR OCT 16 1996		
PART I. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE																
(a) Probable Cardiac arrhythmia																
DUE TO, OR AS A CONSEQUENCE OF																
(b)																
DUE TO, OR AS A CONSEQUENCE OF																
(c)																
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (I): Sarcoidosis of lungs and liver												26a. AUTOPSY YES OR NO Yes				
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST												26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes				
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED SPECIFY Accident			27b. DATE OF INJURY (MONTH, DAY, YEAR) October 10, 1996			27c. TIME OF INJURY 11:00 AM			27d. DESCRIBE HOW INJURY OCCURRED Deceased on Scuba tour, found unresponsive at surface.							
27e. INJURY AT WORK? SPECIFY YES OR NO No			27f. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. SPECIFY Clean													
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) OFF Shark Fin Peak Lanai Hawaii																

Inst # 1997-42216

MAY 20 1997

12/30/1997-42216
02:04 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 MCD 30.00

I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR