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NAME APPROVAL NO.

NR 8271207

The Registrar of Companies certifies that the following is the information provided in the Statement of Registration at the time it was filed.

A. Name and Return Mailing Address for this Document

IAN MATTHEW DAVID HUNT
3663 BEACH AVE
ROBERTS CREEK BC V0N 2W2

Note: The registration of a business name under the *Partnership Act* does not provide any protection for that name.

CORPORATE REGISTRY AGENT	<p>FILED AND REGISTERED</p> <p>November 1, 2011</p> <p>REGISTRAR OF COMPANIES</p> <p>Business Number 84196 0487 BC0001</p>	REGISTRATION NO. 250

B. Business Information - This section must be completed by everyone.

BUSINESS NAME

ROBERTS CREEK HEALTH FOOD STORE

BUSINESS ADDRESS - Must be the physical location of the business in BC, not just a general delivery, post office box, rural route, site or comp. number

STREET UNIT 1 1059 ROBERTS CREEK RD	CITY ROBERTS CREEK	PROVINCE BC	POSTAL CODE V0N 2W0
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MAILING ADDRESS - Complete only if different from Business Address

STREET PO BOX 301	CITY ROBERTS CREEK	PROVINCE BC	POSTAL CODE V0N 2W0
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START DATE OF BUSINESS IN BRITISH COLUMBIA **DESCRIBE NATURE OF BUSINESS (e.g., grocery store, manufacturing)**

YYYY 2011	MM 10	DD 27	Food (Health) Supplement Stores [NAICS-446191]
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C. Proprietorship - This is to certify that no other person is associated with me in this proprietorship

PROPRIETOR NAME *State owner's name in full*

IAN MATTHEW DAVID HUNT

RESIDENTIAL OR REGISTERED ADDRESS - Must be a physical location, CANNOT be just a general delivery, post office box, rural route, site or comp. number

UNIT 1 1059 Roberts Creek RD PO Box 301 ROBERTS CREEK BC V0N 2W0

D. Partnership - This is to certify that persons named in Section D are the only members of the partnership.

1. PARTNER NAME - *state name in full*

RESIDENTIAL OR REGISTERED ADDRESS - Must be a physical location, CANNOT be just a general delivery, post office box, rural route, site or comp. number

2. PARTNER NAME - *state name in full*

RESIDENTIAL OR REGISTERED ADDRESS - Must be a physical location, CANNOT be just a general delivery, post office box, rural route, site or comp. number

3. PARTNER NAME - *state name in full*

RESIDENTIAL OR REGISTERED ADDRESS - Must be a physical location, CANNOT be just a general delivery, post office box, rural route, site or comp. number