



CERTIFICATE OF ASSUMED BUSINESS NAME
(All Corporations)
 State Form 30353 (R7 / 4-95)
 State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
 302 W. Washington St., Rm. E018
 Indianapolis, IN 46204
 Telephone: (317) 232-6576

STATE OF INDIANA
 Indiana Code 23-15-1-1, et seq.
 FILED FOR RECORD
 99 OCT 27 11 32 AM '99
 MON, STATE CARTER

INSTRUCTIONS:
 This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located. A copy of the certificate certified by the County Recorder must be filed with the Secretary of State.
 Please TYPE or PRINT.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00
Certificate - Additional	\$15.00

1. Name of Corporation: HEALTHY HARVEST, INC. C/O RIEHM 2. Date of Incorporation / admission: 10-19-99

3. Principal office address of the Corporation (street address):
1013 N. DWIGGINS

City, state and ZIP code:
GRIFFITH, IN 46319

4. Assumed business name(s):
Juice Junction

5. Address at which the Corporation will do business under assumed business name (street address):
8313 INDIANAPOLIS BLVD

City, state and ZIP code:
HIGHLAND, IN 46322

6. Signature: Peggy Riehm 7. Printed name: PEGGY RIEHM

STATE OF INDIANA

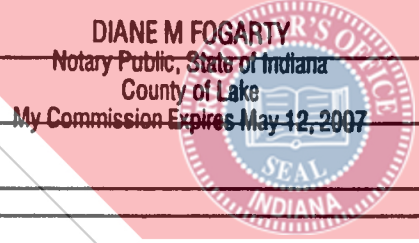
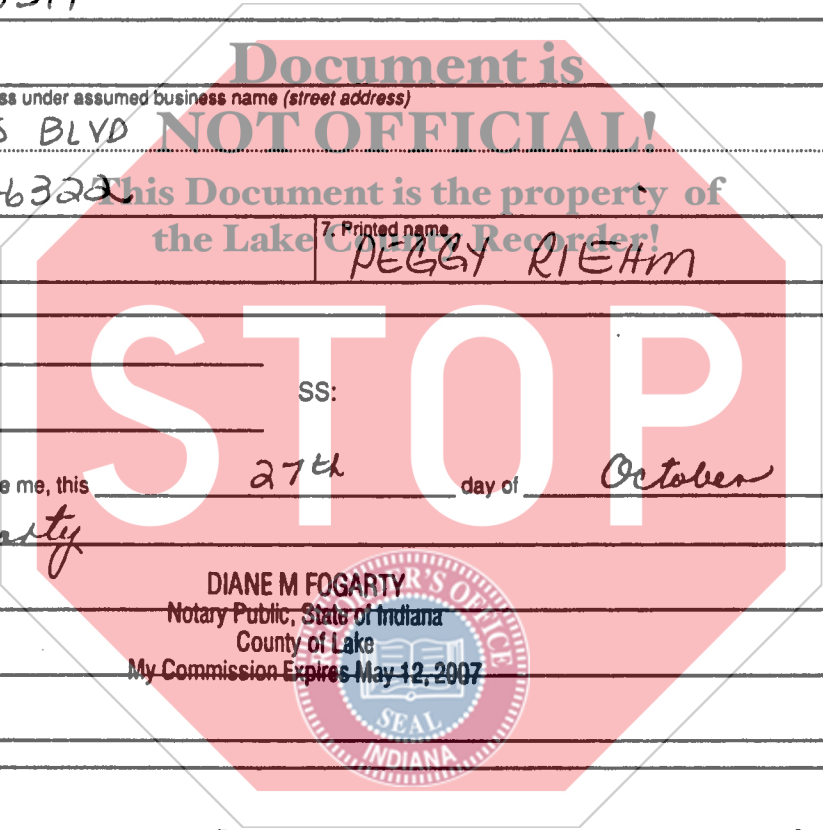
COUNTY OF LAKE SS:

Subscribed and sworn or attested to before me, this 27th day of October, 19 99.

Diane M Fogarty
 Notary Public

My Notarial Commission Expires:

My County of Residence is:



I, _____, Recorder of _____ County, State of Indiana,
 certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the _____
 day of _____ 19 _____.

Recorder Signature

This instrument was prepared by:
PEGGY RIEHM

13.00
 1924

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

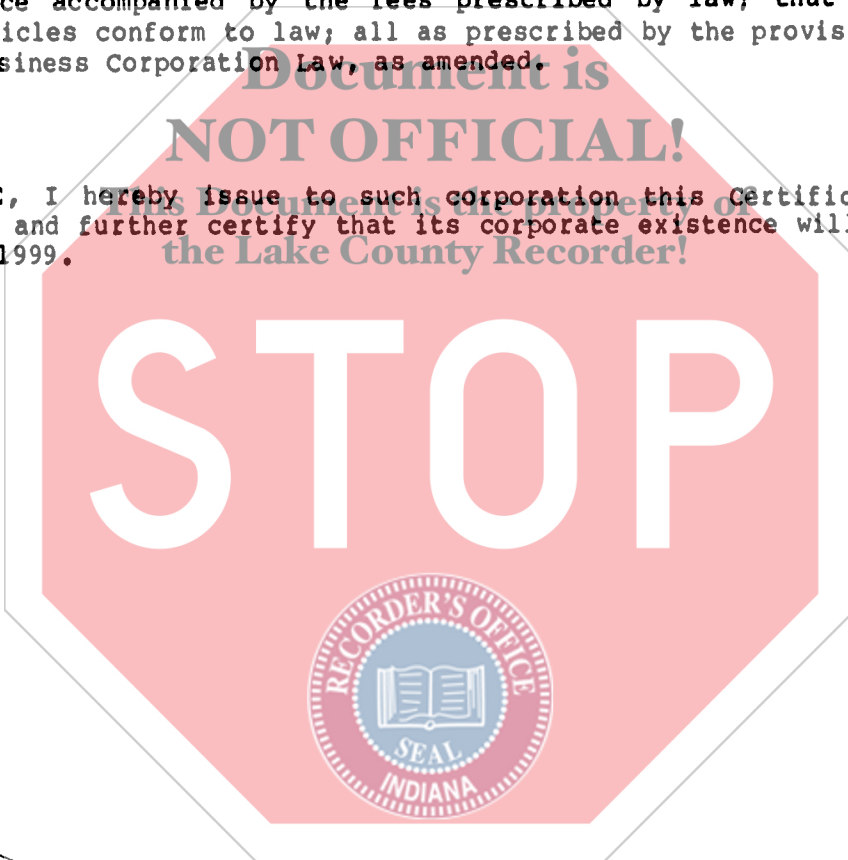
CERTIFICATE OF INCORPORATION

OF

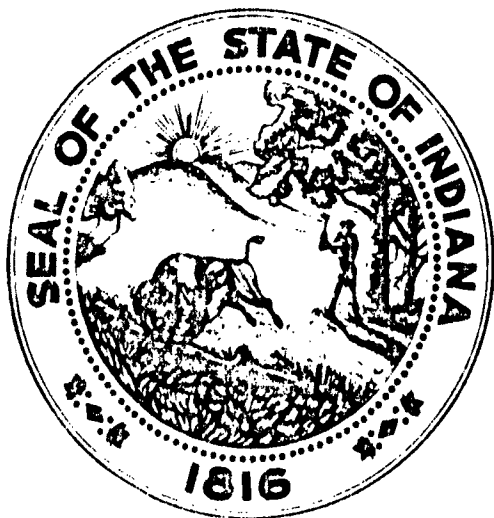
HEALTHY HARVEST INC.

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin October 19, 1999.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Nineteenth day of October , 1999.



Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

JC
Deputy



ARTICLES OF INCORPORATION

State Form 4159 (R10 / 8-95)
Approved by State Board of Accounts 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

APPROVAL
AND
FILED
IND. SECRETARY OF STATE
Indiana Code 23-1-21-2
FILING FEE \$90.00

INSTRUCTIONS: Use 8 1/2" x 11" white paper for inserts.
Present original and two (2) copies to address in upper right corner of this form.
Please TYPE or PRINT.
Upon completion of filing, the Secretary of State will issue a receipt.

ARTICLES OF INCORPORATION

The undersigned, desiring to form a corporation (hereinafter referred to as "Corporation") pursuant to the provisions of:

Indiana Business Corporation Law Indiana Professional Corporation Act 1983, Indiana Code 23-1.5-1-1, et seq. (Professional corporations must include Certificate of Registration.)

As amended, executes the following Articles of Incorporation:

ARTICLE I - NAME AND PRINCIPAL OFFICE

Name of Corporation (the name must include the word "Corporation", "Incorporated", "Limited", "Company" or an abbreviation thereof.)
HEALTHY HARVEST INC. c/o RIEHM

Principal Office: The address of the principal office of the Corporation is:

Post office address <u>1013 N. DWIGGINS</u>	City <u>GRIFFITH</u>	State <u>IN</u>	ZIP code <u>46319</u>
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ARTICLE II - REGISTERED OFFICE AND AGENT

Registered Agent: The name and street address of the Corporation's Registered Agent and Registered Office for service of process are:

Name of Registered Agent
HEALTHY HARVEST INC. c/o RICHARD RIEHM

Address of Registered Office (street or building) <u>1935 45th ST.</u>	City <u>GRIFFITH</u>	Indiana	ZIP code <u>46319</u>
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ARTICLE III - AUTHORIZED SHARES

Number of shares the Corporation is authorized to issue: 1000 COMMON
If there is more than one class of shares, shares with rights and preferences, list such information as "Exhibit A."

ARTICLE IV - INCORPORATORS
(the name(s) and address(es) of the incorporators of the corporation)

NAME	NUMBER AND STREET OR BUILDING	CITY	STATE	ZIP CODE
<u>RICHARD C. RIEHM/PRES</u>	<u>1013 N. DWIGGINS</u>	<u>GRIFFITH</u>	<u>IN</u>	<u>46319</u>
<u>PEGGY A. RIEHM SEC./TREAS</u>	<u>1013 N. DWIGGINS</u>	<u>"</u>	<u>"</u>	<u>"</u>

In Witness Whereof, the undersigned being all the incorporators of said Corporation execute these Articles of Incorporation and verify, subject to penalties of perjury, that the statements contained herein are true,
this 18th day of OCTOBER, 19 99.

Signature <u>Richard C. Riehm</u>	Printed name <u>RICHARD C. RIEHM</u>
Signature <u>Peggy A. Riehm</u>	Printed name <u>PEGGY A. RIEHM</u>
Signature <u>[Signature]</u>	Printed name

This instrument was prepared by: (name)
PEGGY RIEHM

Address (number, street, city and state) <u>1013 N. DWIGGINS GRIFFITH, IN</u>	ZIP code <u>46319</u>
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