

State of Idaho

Office of the Secretary of State

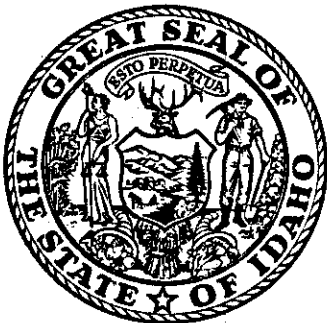
**CERTIFICATE OF AUTHORITY
OF
SPOKANE SPRAY SERVICE, INC.**

File Number C 170526

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 22, 2006



Ben Yursa

SECRETARY OF STATE

By

A stylized, handwritten signature of Ben Yursa, consisting of a large, flowing loop followed by a horizontal line.

FILED EFFECTIVE



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2006 DEC 22 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

SPOKANE SPRAY SERVICE, INC.2. The name which it shall use in Idaho is: SPOKANE SPRAY SERVICE, INC.3. It is incorporated under the laws of: STATE OF WASHINGTON4. Its date of incorporation is: 03/29/1994

5. The address of its principal office is:

1929 REEDER BAY RD. NORDMAN, ID 83848

6. The address to which correspondence should be addressed, if different from item 5, is:

7425 N STANDARD ST. SPOKANE, WA. 992087. The street address of its registered office in Idaho is: 801 W. MAIN STE 100 BOISE, ID 83702and its registered agent in Idaho at that address is: PACIFIC REGISTERED AGENTS, INC.

8. The names and respective business addresses of its directors and officers are:

Name	Office Held	Business Address
<u>LAURENCE D. LAIR</u>	<u>PRES. V.P., SEC.</u>	<u>7425 N. STANDARD ST.</u>
		<u>SPOKANE, WA. 99208</u>

Dated: 12/20/2006Signature: Laurence D. LairTyped Name: LAURENCE D. LAIRCapacity: PRESIDENT

[The signer must be a director or an officer of the corporation.]

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

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forms\app\certificate\authority_prof1.pmd
Revised 05/2005

IDAHO SECRETARY OF STATE
 12/22/2006 05:00
 CK: 4654 CT: 287766 BH: 1021279
 1 @ 100.00 = 100.00 AUTH PRO # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

C170526

UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

SPOKANE SPRAY SERVICE, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 3/29/1994.

I FURTHER CERTIFY that as of the date of this certificate, SPOKANE SPRAY SERVICE, INC. remains active and has complied with the filing requirements of this office.

Date: December 18, 2006

UBI: 601-534-868



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State