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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>C 135165</b>                                                                                                                                    |                   | <b>Due no later than Aug 31, 2014</b>                                                                                                             |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>EXTREME COATINGS, INC.<br>SARAH J WRIGHT<br>PO BOX 1184<br>PASCO WA 99301<br>USA |           | AMY HANSEN<br>4762 WOODSIDE AVE<br>COEUR D'ALENE ID 83814 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                   |           | 3. <u>New</u> Registered Agent Signature: *               |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                   |           |                                                           |         |             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                              | City      | State                                                     | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | ANASTASIA M OLSON | 612 S NELSON ST                                                                                                                                   | KENNEWICK | WA                                                        | USA     | 99336       |  |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>C 135165</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Sarah Wright<br>Name (type or print): Sarah Wright                                                |           |                                                           |         |             |  |
| Date: 06/11/2014<br>Title: Office manager                                                                                                              |                   |                                                                                                                                                   |           |                                                           |         |             |  |
| Processed 06/11/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                         |           |                                                           |         |             |  |