

1.) CORPORATION NAME: <b>Xtreme Energy Services, Inc.</b>	DUE DATE: <b>11/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BRIAN MEADOWS 469 SASSY LANE CEDAR BLUFF, VA</b>	SCC ID NO: <b>07582513</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>TAZEWELL COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 469 SASSY LANE  
CITY/ST/ZIP: CEDAR BLUFF, VA 24609

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRIAN MEADOWS TITLE: PRESIDENT ADDRESS: 469 SASSY LN CITY/ST/ZIP/CO: CEDAR BLUFF, VA 24609	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
---	---

NAME: DEREK WAYNE MEADOWS TITLE: SECRETARY ADDRESS: 95 VIERS COURT CITY/ST/ZIP/CO: LEBANON, VA 24266	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
---	---

NAME: AMANDA MICHELLE MEADOWS TITLE: DIRECTOR ADDRESS: 469 SASSY LN CITY/ST/ZIP/CO: CEDAR BLUFF, VA 24609	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
--	---

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRIAN MEADOWS	BRIAN MEADOWS, PRESIDENT	3/30/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.