

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Office of the Clerk

April 14, 2011

JODY BANKS AXIOS LLC PO BOX 118 MT. JACKSON, VA 22842

RECEIPT

RE:

Axios LLC

ID:

S018998 - 7

DCN:

11-04-14-1052

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing each attested copy of an assumed or fictitious name certificate for the above-referenced limited liability company conducting business under the following assumed or fictitious name(s):

REVERIE LLC (SHENANDOAH CO)

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck Clerk of the Commission

LLFNACPT CIS0339

Axios LLC

P.O. Box 118 Mt. Jackson, VA 22842 (540) 984-3829

April 13, 2011

Virginia State Corporation Commission Attn: Clerk's Office PO Box 1197 Richmond, VA 23218

Re: Certificate of Assumed or Fictitious Name

LLC Name: Axios LLC VA LLC ID: S018998-7

Assumed or Fictitious Name: Reverie LLC

Please file the enclosed Certificate of Assumed or Fictitious Name. Enclosed is our check in the amount of \$10.00 to cover filing fee.

Should you require any additional information, please contact me.

Jody Banks

Enclosures

2011 MIN 18 MINO: 34

TERRITATE OF ASSIMED OF FICTIFICIES

BOOK $0\,0\,0\,6$ PAGE $0\,5\,8\,1$

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

CENTIFICATE OF	ADDUTADD	014110111
Commonwealth of Virginia		

110414 1052

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transact business under an assumed or fictitious name in the [] City M County of	
1. The ASSUMED OR FICTITIOUS NAME of business Neverie	
2. The above business is owned by the following entity type: [] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below) [LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below)) .
A. NAME OF OWNER	
PRESIDENCE ADDRESS	
POST OFFICE ADDRESS	23
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POST OFFICE ADDRESS B. NAME OF PARTNERSHIP OFFICE ADDRESS	
POST OFFICE ADDRESS	- PF
POST OFFICE ADDRESS (1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certific with the State Corporation Commission. Va. Code § 59.1-70. (3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certific transact business in the Commonwealth of Virginia issued by the State Corporation Commission:	Page Two of Two.
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A certified copy of this certificate must be filed with the State Corporation Commission. Va. C	Code § 59.1-70.
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C. NAME OF [] CORPORATION M LIMITED LIABILITY COMPANY Xios LC Soffice Address 94 Lond Fill Road Ediabusg VA Lond Post Office Address 10. Dox 118 Mt. Jackson VA Lond Dox 118 Mt. Jackson VA Lond Dox 1	2824
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