INTERNAL REVENUE SERVICE DISTRICT DIRECTOR P. O. BOX 2508 CINCINNATI, OH 45201

Data: JUN 0 5 1996

CHRISTMAS CELEBRATION C/O HAITHEM K. SARAFA P. O. BOX 130713 ANN ARBOR, MI 48113-0713 Employer Identification Number: 38-3000351
DLN: 315097026
Contact Person: D. A. DOWNING
Contact Telephone Number:

Contact Telephone Number: (513) 684-3957 Our Letter Dated:

November 20, 1991 Addendum Applies: No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are a organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the aternal Revenue Service publishes notice to the contrary. However, if you to the section 509(a)(1) status, a grantor or contributor may not rely on the act or failure to act, or the substantial or material change on the part the organization that resulted in your loss of such status, or if he or she would no longer be plassified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

District Director

BCS/CD-541 (Rev. 04/11)		
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS		
BUREAU OF COMMERCIAL SERVICES		
ate Received	(FOR BUREAU USE ON	
-		
MAR 0 2 2012	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	MAR 0 5 2012
Name Haithem K. Sarafa Administrator BUREAT OF COMMERCIAL SERVICES		
Address 31898 Bristol Lane		
^{City} Farmington Hills	State Zip Code Michigan 48334	EXPIRATION DATE: DECEMBER 31. 2017
Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.		
CERTIFICATE OF ASSUMED NAME For use by Corporations, Limited Partnerships and Limited Liability Companies (Please read information and instructions on reverse side)		
Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:		
The name of the corporation, limited partnership, or limited liability company is: Christmas Celebration		
2. The identification i	number assigned by the Bureau is:	755200
The assumed name under which business is to be transacted is:		
Charity Celebration		
4. This document is hereby signed as required by the Act.		
COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.		
Signed this day of February , 2012		
By Harthen K. Sarafa President		
Haithem K. Sarafa - President/Director		

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)

(Type or Print Title or Capacity)

(Type or Print Name)