

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Secretary of State  
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**Statement of Qualification  
(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362, the undersigned partnership submits the following statement:

**Article I:** The name of the partnership electing to be a limited liability partnership is

**99 dollar tax store Limited Liability Partnership**

**Article II:** The mailing address of the principal office of the limited liability partnership is

**PO Box 124, Shepherdsville, KY 40165**

**Article III:** The mailing address of the chief executive office of the limited liability partnership is

**149B Hwy 44E, Shepherdsville, Kentucky, 40165**

**Article IV:** The street address of the partnership's initial registered office in Kentucky is

**149B Hwy 44E, Shepherdsville, KY 40165**

and the name of the initial registered agent at that office is **Sherry L Hurt**

**Article V:** The above partnership elects to be a limited liability partnership.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct

Name of partner: **Kathy A Clark**

Signature of individual signing on behalf of partner: **Kathy A Clark**

I, **Sherry L Hurt**, consent to serve as the Registered Agent on behalf of the limited liability partnership.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

**Sherry L Hurt**