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	TITLE _	ANNUAL FEE OF TREASURER) MAIL TO ABO I DECLARE THAT THE ABO I AM AUTHORIZED TO SIGN AUTHORIZED SIGNATURE	PLEASE NOTE:	(6) MAILING	(5) EXACT CORPORATE NAME		FRANCES JONES MILLS SECRETARY OF STATE P.O. BOX 1150 FRANKFORT, KY 40602-3493 (A) DATE OF INCORP	
	Secy-	THIS REPORT FOR THIS EN	PLEASE INCLUDE ZIP CODE HERE P PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR	Connounced				
	(606) 253-5800 TELEPHONE WITH FILING FEE.	(CHECKS PAYABLE TO KENTUCKY STATE COPY FOR YOUR RECORDS. COPRECT: I FURTHER DECLARE THAT TITY.	ND VELLOW COPY WITH YOUR	l of Kentucky	JUL 01 1983	STOPPES OF STATE OF S	1 250	SECTION B

PURSUANT TO KRS 274.105, THE NAMES AND RESIDENCE ADDRESSES OF ALL SHAREHOLDERS OF SAID PROFESSIONAL SERVICE CORPORATION ARE LISTED BELOW:

WHICH THE CORPORATION WAS INCORPORATED. CORPORATION ARE DULY LICENSED TO RENDER THE SAME PROFESSIONAL SERVICES AS THOSE FOR DO HEREBY CERTIFY THAT ALL OF THE SHAREHOLDERS OF THE SAID PROFESSIONAL SERVICE 274 CORPORATION NAMED ON REVERSE SIDE OF THIS REPORT, A PROFESSIONAL SERVICE CORPORATION.

PURSUANT TO KRS 274.105, I, THE UNDERSIGNED, BEING PRESIDENT OF THE KRS CHAPTER

Authorized Signature