SECRETARY OF STATE'S ANNUAL VERIFICATION REPORT

Due Jane 30 - (Corporations must file by this date to avoid had standing status)

CAUTION READ CAREFULLY - Make check payable to Kentucky State Tressurer - Mail both annual report form and check to BREMER EMPLER, - SECRETARY OF STATE, P. O. BOX 1150, FRANKFORT, KY 40602-1150 (592-564-2848).

RECORD *: 173422	DUE: J	une 30,	1991	FILING FEE	: 15.00	
(1) EXACT CORPORATE NAME AND PRINCIPA	AL OFFICE ADDRESS:					
				/2\	OF INCORPORA	TIGN ·
P.S.G.R. ENTERPRISES.				KENTU		
LOUISVILLE KY. 4024				WE440		- Anna de la companya del companya del companya de la companya de
5100 US Highway	#42; suite 1/3	2				
(2) CORRECTED PRINCIPAL OFFICE ADDRESS	s :				F INCORPORATE OF AUTHORI	
	مالي المساور والمساور			12-	29-82	
				<u> </u>		nur allenterment
(S) REGISTERED AGENT AND REGISTERED A	nn9666 ·		(1.7327		
1. ENIS BASS				**************************************		
5100 BROWNSRERO AS-	STE. 1132	A corpo	ration may	change its registered it of change form per	office or register	ed agent
TLOUISVILLE, KY. 4024	1-6045	and KRS	273.184 (1	on-profit). Forms are	available by chec	
500000000000		request	block belov	RECE	IV En	Source of
5100 US Highway #	1 Swa 1132		YES, PLE	ASE SEND FORMS!		MEN
The state of the s	The state of the s					
PLEASE TYPE OR PRINT (The annual report will n	not be accepted for filing if th	is section	is not com	SECRETAR COMMONWI	Y OF STATE	ζΥ
List below names and business address of the corpor	ration's directors and princip	al officers	. If necessa	ry attach a continuat	ion sheet.	
(If you are the only officer, give your name and addr	ress and denote sole officer.	<u> </u>	ΔΛ I.	1 C HUN #	42 5/	TE 1127
Old Ba	C'-c'*	71 11	ひし	I.S. HWY #	40241	Curper Man
PRESIDENT SAGON	<u> </u>					
VICE PRESIDENT	مقدي الكذاء المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة والمراجعة والمراجعة والمراجعة والمراجعة				<u> </u>	
SECRETARY						. .
TREASURER						
OTHER						
•				Toward Wind S		
I VERIFY THAT THE RECORDS OF THE SECR	RETARY OF STATE ARE	TRUE AN	O CORRE	CT AND I AM AU	THORIZED TO	SIGN THIS
REPORT (AEL CORPORATIONS MUST SIGN ON .	AUTHORIZED SIGNATURI 2	: LINE).	2005	A TOWN SIL	11/26	11132
AUTHORIZED SIGNATURE	tanz riti	LE _		PHONE	7/4-4	199)
PROFESSIONAL SERVICE CORPORATIONS ONL	.Y KRS 274 105 Requires !	he name	and addre	stes of all shareholde	rs in addition to	the directors
and principal officers.	Mary Tid-Ing Medicing	/	, A	.,,,,		
Pursuant to KRS 274.105, I the undersigned, being P	resident of the KRS Chapter 2	274 cospo	ration, a pro	ofessional service corp	oration, do herel	y certify that
all of the shareholders of the said corporation, not le as provided in Chapter 274. (Please use the lines ab	ess than one half of the direct	ors, and a	ll officers o	ther than secretary an	d treasurer, are a	luly qualified

PRESIDENT'S SIGNATURE _