COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE

Trey Grayson
Secretary of State
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STATEMENT OF REGISTRATION OR RENEWAL OF LIMITED LIABILITY PARTNERSHIP

Pursuant to the provisions of KRS Chapter 362, the undersigned hereby applies for registration or renewal as a limited liability partnership on behalf of the partnership named below and for that purpose submits the following statements:

• •	•	, ,			
Registration (CHECK ONE)	Renewal				
The name of the limited liability partr	•				
. The state or country of formation is	Jnion County,	Kentucky			
. The principal office address is					
P.O. Box 528 101 East Main St.		Morganfield	Ky.	42437	
. The number of partners is 2		City 	State	Zip Code	
The names of the partners are					
S. Martin McElroy, Jr.					
Name of Parter	W		Name of Par	tner	
Robert E. Mitchell					
Name of Parter			Name of Par	tner	
Name of Parter	Name of Parter		Name of Partner		
	·	tion sheet , if necessary)			
The nature of the business of the par	•				
Certified Public Accountar	_				
	(Brief	Description)			
ne statement is executed by					
· \		McElroy, Jr., CPA	0	Oct. 31, 2006	
Signature	-	Print or type name and title		Date	
Signature		Print or type name and title		Date	
Signature		Print or type name and title		Date	
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Signature		Driet or time name and title		D-4	