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Trey Grayson

10/24/2008 2:12:06 PM

Kentucky Secretary of State Received and Filed 10/24/2008 2:1 TREY GRAYSON Fee Receivet: \$200.

Fee Receipt: \$200.00

Division of Corporations Business Filings	Statement of Registration or Renewal REG of Limited Liability Partnership
P.O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov/	of Elithica Elability Farmoromp
Pursuant to the provisions of KR renewal as a limited liability partipurpose submits the following st	S Chapter 362, the undersigned hereby applies for registration of the partnership named below and for that attements:
1. Registration (CHECK ONI	Renewal
2. The name of the limited liability partnership is M: EL. y, M, t chell Association. LLP 3. The state of formation for the Limited Liability Partnership is Kentucky. 4. The principal office address is P-a. Bax 528 Margan F, ELJ Ky H2-437 Zip Code	
4.The principal office address is P- 0. B o x 5 2 8 Address	Morgan Field Ky 4243
5. The number of partners is	2
6. The names of the partners ar	e o, Ja
S. Mart. Name of Partner Name of Partner Name of Partner	Name of Partner Name of Partner
Name of Partner	Name of Partner (Attach a continuation sheet , if necessary)
7. The nature of the business of the partnership is Cert, F.id Public According (Brief Description)	
The statement is executed by	
8. Matti-MEEL	Who S. Martin M& Elroy Te 10/20/0 Print or type name and title Date
Signature	Print or type name and title Date
Signature	Print or type name and title Date
Signature	Print or type name and title Date

REG (01/08)

(See attached sheet for instructions)