Organization ID # 0078151 State of origin Filing fee \$15.00

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State 0078151

Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.kv.gov

## 2018 Annual Report Due June 30, 2018 Filing Fee \$15.00

ARP

Exact organization name and principal office address

MONTGOMERY BANCORPORATION INVESTMENTS, INC.

P. O. BOX 326

MT. STERLING KY 40353

Registered Agent and Registered Office Address

**BILL BRAMBLET** 49 WEST MAIN ST. MT STERLING KY 40353

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

	BILL BRAMBLE	T								<u>::ˈ·</u>
<u>legiset üle juli egise </u>			10 11 4							- 7
										: .
	<u> </u>			<u>.</u> ." <u></u>						:::::
Directors - List the name at		(if applicable	e).No listing of	directors is ve	rification that t	ne corporation	has dispens	ed with directo	ors. If not specifi	ed,
									1. 11. 11. 1	
								Mark Jares		
s in the Miller of the Articles										
		<u> </u>					j. : : :			7.7
		<u> </u>								· . ·
an Inde MEnny I very Inde			garte filer					ji nakin je m	The first	
Please indicate the cou	inty in which your b	usiness o <sub>l</sub>	perates:							
Please Indicate the cou		<u> </u>		please sha	de the box	completely	•			· · · · · · · · · · · · · · · · · · ·
	То соп	nplete the	following,	whether an				e than fifty	percent (50%	6) of
County: Montgomery  Please indicate the size	То соп	nplete the	following,	whether an				e than fifty	percent (50%	6) of
County: Montgomery  Please indicate the size	To con e of your business: an 50 employees)	nplete the	following,	whether an wnership:	y of the foll		e up more		percent (50%	6) of
Please indicate the size  Small (Fewer the Large (50 or mo	To con e of your business: an 50 employees) re employees)	nplete the Pleas your	following, se indicate business o	whether and ownership: Owned	y of the foll	owing mal	e up more			6) of
County: Montgomery  Please indicate the size  Small (Fewer the	To con e of your business: an 50 employees) re employees)	nplete the Pleas your	following, se indicate business o	whether and ownership: Owned	y of the foll	owing mal	e up more			6) of
Please indicate the size  Small (Fewer the Large (50 or mo	To cone of your business: an 50 employees) re employees) of the following best	nplete the Pleas your  describe	following, se indicate business o	whether an ownership: Owned iness:	y of the foll	owing mal	e up more			6) OI
Please indicate the size  Small (Fewer the Large (50 or mo	To cone of your business: an 50 employees) re employees) of the following best	nplete the Pleas your describe	following, se indicate business o Women- s your busi	whether and whether ship: Owned iness:  Service	y of the foll Ve	owing maleteran-Owne	e up more	Minori	ty-Owned	6) oi
Please indicate the size  Small (Fewer the Large (50 or mo	To cone of your business: an 50 employees) re employees) of the following best	nplete the Pleas your describe Mining Retail Trace	following, se indicate business o Women- s your busi	whether and whether ship: Owned iness: Service Manufa	y of the foll Ve	teran-Owne	ed		ty-Owned	6) <b>0</b> 1

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: http://app.sos.ky.gov/arp/0078151 OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2018 To file via mail:

Confirm the information is correct.

Signature of officer or chairman of the board (Required)

- Make changes by writing on this annual report, or by submitting an attachment with the signed report.
- The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) must be received in the Office by June 30, 2018
- If you file and pay online, do not return this document to the Secretary of State.