COMMONWEALTH OF KENTUCKY JOHN Y. BROWN III, SECRETARY OF STATE ANNUAL REPORT

(See Reverse Side for Filing Instructions)

| RECORD # | 0 0u3360 | | | NIE UWE na | | (4) FILING FEE | |
|--|--|--|--|----------------------------------|--|--|--|
| | 9.83360 | | | DUE JUNE 30, | 1997 | 15.00 | |
| ALNHEIH ECEANIR | BEARD, I | | Pal office a | ADDRESS: | | (5) STATE OR COUNTRY OF | |
| | | | | | | INCORPORATION | |
| | | | | | | KA | |
| (2) PRINCIPAL | L OFFICE ADDRES | SS IS HEREBY CHA | NGED TO: | | | (6) Date of incorporation or Authorization to transact business | |
| | | | | | | 12/04/1959 | |
| (3) REGISTER | ED AGENT AND R | EGISTERED OFFIC | CE ADDRESS: | • | IT's Distance beau | 5 CYTATORA MILIO AND | |
| MARY GRAUSE HIGHAY # 60 HARDIYSBURG, KY. 40143 | | | | | (7) PLEASE MAIL A STATEMENT OF CHANGE FORM TO: | | |
| | | | | | | | |
| PLEASI | See Filing Ind | d or registered office of structions on reverse si THE <u>NAMES</u> AND Hardinstour | GE BUSINESS ADD IF SOLE OFFI | PRESSES OF TH | E CORPORATION' | s current principal officers. | |
| | wr Frances B | | 11 11 | 443. | | | |
| SECRETARY _ | Cohonie C. | Rhodes | 11 11 | | *************************************** | موساله والمواجعة | |
| Treasurer _ | | | | | | الله محمودة المؤسسة والمؤسسة في الموادية والمؤسسة والمؤسسة والمؤسسة والمؤسسة والمؤسسة والمؤسسة والمؤسسة والمؤسسة | |
| | PLEASE TYPE O red to be listed. No list See Filing instructions | R PRINT THE <u>NAM</u> ling of directors is verifi t on teverse side | IES AND BUSINI cation that the corp | ESS ADDRESSE oration has dispens | S OF THE CORPO | SATION'S DIRECTORS. irectors. Non-profit corporations must list three (3) | |
| Board of Directors | | | | | | | |
| | alleng for also finance frame, a three plans are thought the large at his particular and a second or a | | | | | | |
| VEDIOU THAT | | | | | | | |
| CHIFT THAT I | nformation in Gnature <u>2</u> | THIS ANNUAL REF | PORT IS CURRE | INT AS OF THE | f j | 12 A 10 10 10 10 10 | |
| ROFESSIONAL ddresses of all s | SERVICE CORPORTED SERVICE SERVICE CORPORTED SERVICE | T IN :PATIONS ONLY: In Professional service | addition to the a | annual report cor | ntent requirement, the | nere shall be included a list of names and late below. | |
| I, Presid secreta | dent of said corporary and freasurer of | ettion, do certify that | all of the shareh | iolers, not less | COMPORATION than one half of the | directors, and all officers other than | |

PRESIDENT'S SIGNATURE Many Strause