

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Statement of Partnership Authority KNG **Business Filings** PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to KRS 14A and 362, the undersigned applies to, qualify and for that purpose submits the following statements: \$ KNESS, LLP 3. Complete address of the partnership's office in the state of Kentucky, if one exists: 4. Names and mailing addresses of all partners, or the name and mailing address of an agent appointed to maintain a list of names and mailing addresses of all partners (please designate if partner or agent): Name Street or PO Box Number Zip Code 5. The partner(s) authorized to execute an instrument transferring real property held in the name of the partnership: 6. The partnership filed a Statement of Qualification (foreign or domestic) on 7. The authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership is: 8. This application will be effective upon filling, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time) We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Signature of

(01/12)