

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

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Elaine N. Walker, Secretary of State

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Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabili			KLC
Pursuant to KRS 14A and KRS	275, the undersigned	applies to qualify and for that	purpose submits the fo	ollowing statements
Article I: The name of the limite	d liability company is			
NAMD LLC				
Article II: The street address of	the limited liability co	mpany's initial registered offic	e in Kentucky is	
2801 Majestic View V	Valk	Lexington	Kentucky	40511
Street Address Only (No Post Office	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that off	fice is Elmer P. Heist		
Article III: The mailing address			ne is	
2801 Majestic View V		Lexington	Kentucky	40511
Street Address or Post Office Box Nu		City	State	Zip Code
A. a manager(s). B. its member(s). Article V: This application will b	e effective upon filing	unless a delayed effective d	ate and/or time is provi	ded. The effective
date or the delayed effective da				
I/We declare under penalty of p	erjury under the laws	of the state of Kentucky that t	the foregoing is true and	d correct.
Elmen 9. HEist		Elmer P. Heist, N	Manager	March 28 2011
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Elmer P. Heist Print Name of Registered Agent	ist.	, consent to serve as the register	Morel	ited liability company.
Signature of Registered Agent		Printed Name	Date	