



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Alison Lundergan Grimes  
Kentucky Secretary of State  
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Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Statement of Qualification  
(Domestic Limited Liability Partnership)

KNL

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned partnership submits the following statement:

1. Name of the partnership electing to be a limited liability partnership is:

BROUSSARD & KREBS, LLP

2. The name of the entity to be used in Kentucky is (if applicable):

(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

3. The mailing address of principal office of the limited liability partnership is:

841 Willow Oak Circle Lexington KY 40514  
Street Address or Post Office Box Numbers City State Zip Code

4. The mailing address/chief executive office of any partnership office in Kentucky (if any) is:

(same)  
Street Address or Post Office Box Numbers City State Zip Code

5. The street address of the partnership's initial registered office in Kentucky is:

841 Willow Oak Circle Lexington KY  
Street Address (No Post Office Box Numbers) City State Zip Code

6. The name of the initial registered agent at that office is:

Sarah Broussard

7. The above partnership elects to be a limited liability partnership.

8. The partnership previously filed a Statement of Authority with the Secretary of State on 4-7-14  
Date

9. This application will be effective upon filing, 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 4-7-14  
(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.

Corinda K. Krebs Corinda K. Krebs 4/11/14  
Signature of Partner Printed Name Date

Sarah K. Broussard Sarah K. Broussard 4-7-14  
Signature of Partner Printed Name Date

I, Sarah Broussard, consent to serve as the registered agent on behalf of the limited liability partnership.

Sarah K. Broussard Sarah K. Broussard 4-7-14  
Signature of Registered Agent Printed Name Date