## Commonwealth of Kentucky Michael G. Adams, Secretary of St

1230518 Michael G. Adams KY Secretary of State Received and Filed 4/19/2023 5:23:09 PM Fee receipt: \$15.00

|   |                             | •   |                |  |
|---|-----------------------------|---|----------------|--|
| Michael G. Adams<br>Secretary of State<br>P. O. Box 1150<br>Frankfort, KY 40602-1150<br>(502) 564-3490<br>http://www.sos.ky.gov |                             | Annual Report<br>Online Filing<br>For the Year 2023 | ARP            |  |
| Company:  |                             | Grizzly Hills Smokehouse, LLC                       |                |  |
| Company ID:   |                             | 1230518   |                |  |
| State of origin:  |                             | Kentucky  |                |  |
| Formation date:   |                             | 9/8/2022 12:00:00 AM                                |                |  |
| Date filed:   | filed: 4/19/2023 5:22:36 PM |   |                |  |
| Fee:  |                             | \$15.00   |                |  |
| Principal Office  |                             |   |                |  |
| 212 N. 2nd St. ST   | FE 100                      | ED WE   |                |  |
| Richmond, KY 40475  |                             |   |                |  |
|   |                             |   |                |  |
| Registered Agent Name/Address   |                             |   |                |  |
| Northwest Registe   | ered Agent LL               |   |                |  |
| 212 N. 2nd St. STE 100  |                             |   |                |  |
| Richmond, KY 40475  |                             |   |                |  |
| , -   |                             |   |                |  |
| Members/Manag   | aers 2                      |   |                |  |
| Member  | Tina Hill                   | 530 SNOWFLAKE LN MOUNT VERNON Kentu                 | ckv 40456-7043 |  |
|   |                             |   | ,              |  |
| Signatures  | C                           |   |                |  |
| Signature   |                             | Nat Smith   |                |  |
| Title   |                             | Authorized Representative                           |                |  |
|   |                             |   |                |  |
|   |                             |   |                |  |
|   |                             | COMPANY CONSUL                                      |                |  |
|   |                             |   |                |  |
|   |                             |   |                |  |
|   |                             |   |                |  |