



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

<b>Division of Business Filings</b> <b>Business Filings</b> PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Articles of Organization</b> <b>Limited Liability Company</b>  <b>KLC</b>
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Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is  
**CTL Services, LLC**

Article II: The street address of the limited liability company's initial registered office in Kentucky is  
**489 McFall Road** **Morganfield** **KY** **42437**  
Street Address Only (No Post Office Box Numbers) City State Zip Code

and the name of the initial registered agent at that office is **Ryan D. Logan**

Article III: The mailing address of the limited liability company's initial principal office is  
**489 McFall Road** **Morganfield** **KY** **42437**  
Street Address or Post Office Box Number City State Zip Code

Article IV: The limited liability company is to be managed by (must check one):

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A. a manager(s).

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B. its member(s).

Article V: 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 **2/11/14**  
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

 **Ryan Logan** **2/11/14**  
Signature of Organizer Printed Name & Title Date

Signature of Organizer Printed Name & Title Date

I, **Ryan Logan**, consent to serve as the registered agent on behalf of the limited liability company.

 **Ryan Logan** **2/11/14**  
Signature of Registered Agent Printed Name Date