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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/9/2014 1:33 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

	s of Organization d Liability Company		KLC
Pursuant to KRS 14A and KRS 275, the und	dersigned applies to qualify and for that p	urpose submits th	ne following statements
Article I: The name of the limited liability cor PKTV, LLC	mpany is	£	
Article II: The street address of the limited li	ability company's initial registered office	in Kentucky is	
1909 GATESBOROUGH CIP		KY	42071
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
and the name of the initial registered agent a	at that office is PAMELA K. VIDI	MER	
Article III: The mailing address of the limited			
1909 GATESBOROUGH CIF		KY	42071
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):		
A. a manager(s).			
B. its member(s).			
Article V: This application will be effective u	pon filing, unless a delayed effective date	e and/or time is p	rovided. The effective
date or the delayed effective date cannot be	porior to the date the application is filed	The date and/or	time is
date of the delayed effective date carmot be	phonic the date the application is med.	The date and/or	(Delayed effective
			date and/or time)
I/We declare under penalty of perjury under	the laws of the state of Kentucky that the	e foregoing is true	and correct.
Homels & Midness	PAMELA K. VIDM	PAMELA K. VIDMER	
Signature of Organizer	Printed Name & Title		Date
Signature of Organizer	Printed Name & Title		Date
PAMELA K. VIDMER	, consent to serve as the registered	agent on behalf of th	e limited liability company.
Print Name of Registered Agent			
Hamela K. Widmen	PAMELA K. VIDM		/09/2014
Signature of Registered Agent	Printed Name	Date	9