

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings

Articles of Organization Limited Liability Company

KLC

| PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Elimitod Eldollity C | ompany | | | |
|---|-----------------------------|------------------------|-----------------|---------------------|--------------------------------------|
| Pursuant to KRS 14A and KRS 2 | 75, the undersigned app | olies to qualify and | for that purp | ose submits the fo | llowing statements |
| Article I: The name of the limited | | | | | |
| Illinois Isa | sin Operating | , LLC | | | |
| Article II: The street address of t | he limited liability compa | any's initial registe | ed office in K | entucky is | |
| 1151 DId Porter Street Address Only (No Post Office B | Pike | Bowling | Green | RY | 42103 |
| Street Address Only (No Post Office B | ox Numbers) | City | | State | Zip Code |
| and the name of the initial registe | ered agent at that office i | s_Trav | 3 Cree | <u>d</u> | |
| Article III: The mailing address of | | | | | |
| 1151 Old Porter | ^ | _ | | u | 42107 |
| Street Address or Post Office Box Nur | | Bowling City | <u> </u> | State | Zip Code |
| A. a manager(s). B. its member(s). | | | | | |
| Article V: This application will be | effective upon filing, un | less a delayed effo | ective date ar | d/or time is provid | led. The effective |
| date or the delayed effective date | e cannot be prior to the c | date the application | n is filed. The | date and/or time | (Delayed effective date and/or time) |
| i/We declare under penalty of pe | rjury under the laws of th | ne state of Kentucl | ky that the for | egoing is true and | l correct. |
| Su Cel | * | Travis Cre | ed, Men | 1ber | 3-19-14 |
| Signature of Organizer | | Printed Name & Title | | | Date |
| Signature of Organizer | | Printed Name & Title | | | Date |
| Print Name of Registered Agent | <u>e d</u> | consent to serve as th | | | ted liability company. |
| che C | V . | Travis Crea | ed | 3-19 | 7-14 |
| Signature of Registered Agent | | Printed Name | | Date | |