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Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
10/1/2014 1:33 PM
Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490

Articles of Organization Limited Liability Company KLC

(502) 564-3490 www.sos.ky.gov			
Pursuant to KRS 14A and KRS 275, the undersigned	applies to qualify and for that p	urpose submits the	e following statemen
Article I: The name of the limited liability company is			
West Kentucky Properly Pres	servation LLC		
Article II: The street address of the limited liability co		n Kentucky is	
166 Cannuside Dine	Murray	Ky	42011
Street Address Only (No Post Office Box Numbers)			Zip Code
and the name of the initial registered agent at that off	lice is KOTHENNE PUS	chall	
Article III: The mailing address of the limited liability		is	
166 County of de Drive	Murray	KU	4207
Street Address or Post Office Box Number	City	State J	Zip Code
Article IV: The limited liability company is to be mana A. a manager(s). B. its member(s). Article V: This application will be effective upon filing date or the delayed effective date cannot be prior to the delayed effective date.	, unless a delayed effective date		me is
			(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.
Kaya V Phaall Signature of Organizer		11. Lember	10)))\u
Signature of Organizer	Printed Name & Title		Date
Rotherine Paschall Print Name of Registered Agent Kara of Paschall Signature of Registered Agent	consent to serve as the registered Katherine Pare Printed Name	agent on behalf of the	limited liability company.