COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings **Business Filings** PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Company	KLC

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

W.A. Warner Waste, LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

605 William and Bessie Warner Lane　　　**Maysville**　　**Ky**　　**41056**

Street Address Only (No Post Office Box Numbers)　　　City　　　State　　　Zip Code

and the name of the initial registered agent at that office is **Steven C. Warner**

Article III: The mailing address of the limited liability company's initial principal office is

PO Box 226　　　　　　　　　　　**Maysville**　　**Ky**　　**41056**

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 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 _____.

(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.

Signature	Printed Name & Title	Date
[signature]	Steven C. Warner	1/16/17
Signature of Organizer	Printed Name & Title	Date
Signature of Organizer	Printed Name & Title	Date

Steven C. Warner

Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

Signature	Printed Name	Date
[signature]	Steven C. Warner	1/16/17
Signature of Registered Agent	Printed Name	Date

(01/12)