

## 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 appl	ies to qualify and for that	t purpose submits the fo	llowing statements:
Article I: The name of the limite				•
Article II: The street address of	the limited liability compan	v's initial registered offic	e in Kentucky is	······································
6501 Echo TRAil		Louisville	KY	40299
Street Address Only (No Post Office I	3ox Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that office is	Amanda H.	Watson	
Article III: The mailing address	of the limited liability comp	any's initial principal offic	oo in	*
6501 Echo Teai			KY	
Street Address or Post Office Box Nu		Louisville	State K /	40299
Article IV: The limited liability co  A. a manager(s).  B. its member(s).				on.
Article V: This application will be				
date or the delayed effective date	e cannot be prior to the dat	te the application is filed.	. The date and/or time is	(Delayed effective date and/or time)
We declare under penalty of pe	rjury under the laws of the	state of Kentucky that th	ne foregoing is true and	correct
Imanda H Wa	ten.	Amazada II Wat	· · ·	_1_1_
Imanda H Wa	Pri	inted Name & Title	<u> </u>	3 3 20 Z
Ignature of Organizer	Pri	inted Name & Title		ate
Amanda H Watso	, 001	nsent to serve as the registered	d agent on behalf of the limited	d liability company.
Amanda H Wa	tson :	Amanda H Wa	tson 313	3/2012
ignature of Registered Agent	Pri	Inted Name	Date	

(01/12)