## COMMONWEALTH OF KENTUCKY
### ELAINE N. WALKER, SECRETARY OF STATE

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|---|---|---|
| **Division of Corporations 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

**Rekāb Appraisal Services, LLC**

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

**284 Silver Creek Drive**     **Somerset**    **KY**     **42503**
Street Address Only (No Post Office Box Numbers)    City    State    Zip Code

and the name of the initial registered agent at that office is **Melissa Baker**

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

**284 Silver Creek Drive**     **Somerset**    **KY**     **42503**
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 **4/20/11**
(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)* | Melissa Baker | 4/20/11 |
|---|---|---|
| Signature of Organizer | Printed Name & Title | Date |
| | | |
| Signature of Organizer | Printed Name & Title | Date |

I, **Melissa Baker**
Print Name of Registered Agent   , consent to serve as the registered agent on behalf of the limited liability company.

| *(signature)* | Melissa Baker | 4/20/11 |
|---|---|---|
| Signature of Registered Agent | Printed Name | Date |

(01/11)