Commonwealth of Kentucky Elaine N. Walker, Secretary of Sta

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	I.		
Elaine N. W Secretary of P. O. Box 1 Frankfort, KY 40 (502) 564-3 http://www.sos	State 150 602-1150 3490	Annual Report Online Filing	
Company: Company ID: State of origin: Formation date: Date filed: Fee:	KENTUCKY C 0750844 Kentucky 1/4/2010 12:00 6/20/2011 11:4 \$15.00	40:05 AM	Y LLC
Principal Office		TED WE ST	
1029 MEDICAL CEN			
42066 MAYFIELD, KY 420			
Registered Agent N	lame/Address		
ZACHARY D. WILLI	AMS		
1029 MEDICAL CEN	NTER CIRCLE		
MAYFIELD, KY 420	66 8		
Members/Managers			
Manager	Zachary D. Williams	1029 Medical Center Circle Mayfield	d,KY 42066
Signatures		LOED WE FALLARS	
Signature	Zachary D. W	lliams	
Title	Manager	A Charles 2 2 3 1	