## Commonwealth of Kentucky Michael G. Adams, Secretary of St

|                                                                                         | I                                                                           |                                       |                          |  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|--------------------------|--|
| Michael G.<br>Secretary o<br>P. O. Box<br>Frankfort, KY 4<br>(502) 564<br>http://www.so | of State<br>1150<br>0602-1150<br>-3490                                      | Annual Report<br>Online Filing        |                          |  |
| Company:<br>Company ID:<br>State of origin:<br>Formation date:<br>Date filed:<br>Fee:   | EASTPOINT<br>0873545<br>Kentucky<br>12/4/2013 12<br>4/26/2022 12<br>\$15.00 |                                       |                          |  |
| Principal Office                                                                        |                                                                             |                                       |                          |  |
| 13425 EASTPOINT CENTRE DRIVE                                                            |                                                                             |                                       |                          |  |
| SUITE 125                                                                               |                                                                             |                                       |                          |  |
| LOUISVILLE, KY 40223                                                                    |                                                                             |                                       |                          |  |
| LOUISVILLE, INT 4                                                                       | 10223                                                                       |                                       | 3                        |  |
|                                                                                         |                                                                             |                                       |                          |  |
| Registered Agent Name/Address                                                           |                                                                             |                                       |                          |  |
| DAVID B. BUECHLER                                                                       |                                                                             |                                       |                          |  |
| 906 LILY CREEK F                                                                        | ROAD                                                                        |                                       | 1                        |  |
| SUITE 202                                                                               |                                                                             |                                       |                          |  |
| LOUISVILLE, KY 40243                                                                    |                                                                             |                                       |                          |  |
|                                                                                         |                                                                             |                                       |                          |  |
| Members/Manage                                                                          | ers                                                                         |                                       |                          |  |
| Member                                                                                  | Michael Schroering                                                          | 13405 Eastpoint Centre Drive, Suite 1 | 25. Louisville, KY 40223 |  |
|                                                                                         |                                                                             | Dra we the Allower                    |                          |  |
| 0:                                                                                      |                                                                             | OED WE                                |                          |  |
| Signatures                                                                              |                                                                             | A A OVER /                            |                          |  |
| Signature                                                                               | Michael Schr                                                                | roering                               |                          |  |
| Title                                                                                   | Member                                                                      |                                       |                          |  |
|                                                                                         |                                                                             |                                       |                          |  |