## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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|--|------------|--|------------------------------|--------------|-----|
| Alison Lundergan Grimes<br>Secretary of State<br>P. O. Box 1150<br>Frankfort, KY 40602-1150<br>(502) 564-3490<br>http://www.sos.ky.gov |            | Annual Report<br>Online Filing   |                              |              | ARP |
| Company:<br>Company ID:<br>State of origin:<br>Formation date:<br>Date filed:<br>Fee:  |            | DH II, LLC<br>0686847<br>Kentucky<br>3/3/2008 12:00:<br>6/29/2015 3:47:<br>\$15.00 |                              |              |     |
|  |            |  | ED WE ST                     |              |     |
| Principal Office   |            |  |                              |              |     |
| P.O. BOX 221769<br>LOUISVILLE, KY 40252-1769   |            |  |                              |              |     |
| LOUISVILLE, KI   | 40232-1709 |  |                              |              |     |
|  |            |  |                              |              |     |
| Registered Agent Name/Address  |            |  |                              |              |     |
| MICHAEL L. MAR<br>123 SOUTH SEV  |            |  |                              |              |     |
| LOUISVILLE, KY   |            |  |                              |              |     |
| ,  |            |  |                              |              |     |
| Members/Managers   |            |  |                              |              |     |
| Manager  | GAREY D H  | IIGDON   | PO BOX 221769, LOUISVILLE, K | Y 40252-1769 |     |
|  |            |  |                              |              |     |
| Signatures   |            | S 0.   |                              | × //         |     |
| Signature  | 18         | JOHN A BRAUC   | CKMANN                       | 2            |     |
| Title  |            | CPA  | ED WE                        | <i>v</i> //  |     |
|  |            | 1 BUILD  |                              |              |     |
|  |            |  |                              |              |     |
|  |            |  |                              |              |     |
|  |            |  |                              |              |     |