

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 Org Limited Liabilit			KLC
Pursuant to KRS 14A and KRS 2	75, the undersigned	applies to qualify and for that pur	pose submits the	following statement
Article I: The name of the limited				
Wildfire Funds, LLC				
Article II: The street address of the	ha Baria al Batania	1.5 70 1 1 1 2 2 2	72	
Article II: The street address of to 6505 W HWY 22	ne limited liability con	opany's initial registered office in Crestwood	Kentucky is KY	40014
Street Address Only (No Post Office B	ox Numbers)	City	State	40014 Zip Code
and the name of the initial registe	7.400	Erile D. Albroldon		Zip oode
5= 5		CC 13	300 1000 - 1	
Article III: The mailing address of	f the limited liability co		107	
PO BOX 648 Street Address or Post Office Box Num		Crestwood	- KY State	40014 Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).				
Article V: This application will be	effective upon filing,	unless a delayed effective date a	nd/or time is prov	rided. The effective
date or the delayed effective date	cannot be prior to the	e date the application is filed. Th	e date and/or tim	e is (Delayed effective date and/or time)
I/We declare under penalty of per	jury under the laws o	f the state of Kentucky that the fo	regoing is true ar	nd correct.
N X		Erik R. Albrektson,	Manager	4/20/2105
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Erik R. Albrekson		_, consent to serve as the registered age	nt on behalf of the lim	nited liability company.
07 /		Erik R. Albrektson	4/20/	/2015
Signature of Registered Agent		Printed Name	Date	
(01/12)				