Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lunderg Secretary o P. O. Box Frankfort, KY 4 (502) 564- http://www.so	f State 1150 0602-1150 3490	Annual Report Online Filing	ARP
Company:SWORN TESTIMONY, PLLCCompany ID:0619553State of origin:KentuckyFormation date:8/12/2005 12:00:00 AMDate filed:3/27/2019 8:07:59 AMFee:\$15.00			
Principal Office		TEN E STA	
POST OFFICE BO LEXINGTON, KY 4			
Registered Agent Name/Address			
LISA LARSON 1538 PLAYER DRI LEXINGTON, KY 4	VE		UC
Members/Manage	rs		
Member Member Member	Lisa Larson Colston Charles William Larson III Alan Michael Larson	1538 Player Drive, Lexington KY 40 343 Tower Drive, Sun Prairie WI 53 4618 Cody Lane, Madison WI 5370	590
County: Business size: Ownership: Business type:	Fayette Small Women-owned Legal Services		
Signatures			
Signature Title	Lisa Colston Owner		