Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grir Secretary of State P. O. Box 1150 Frankfort, KY 40602-1 (502) 564-3490 http://www.sos.ky.go	150	Annual Report Online Filing	ARP
Company: Company ID: State of origin: Formation date: Date filed: Fee:	BLOOMFIEL 0615754 Kentucky 6/20/2005 12 5/12/2017 8: \$15.00		
Principal Office		TED WE ST.	
277 EAST HIGH STREET LEXINGTON, KY 40507	0		
Registered Agent Name/	Address		
HUGH F. BLOOMFIELD 436 W THIRD ST LEXINGTON, KY 40508			
Members/Managers			
	N BLOOMFIELD	1616 Harmony Hall, Lexington, KY 4	0502
Signatures	66 0		
Signature Title	Alan Bloomfi Member	eld DED WE FRANK	
LEXINGTON, KY 40507 Registered Agent Name/ HUGH F. BLOOMFIELD 436 W THIRD ST LEXINGTON, KY 40508 Members/Managers Member ALAN Signatures Signature	Address		0502