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Elaine N. Walker, Secretary of State

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## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organ Limited Liability (			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned app	olies to qualify and for that p	ourpose submits the	following statement
Article I: The name of the limited				•
SMALL TOWN PROP	- · · · · · ·			
Article II: The street address of t	he limited liability compo	ando initial andiata and to		
500 West Jefferson S	treet Suite 2800	Louisville		40000
Street Address Only (No Post Office Box Numbers)		City	KY State	40202
	·	14/700 00000		Zip Code
and the name of the initial registe	ered agent at that office i	s WIGO CONFOR	ATE SERVIC	JES, INC.
Article III: The mailing address of	f the limited liability com	pany's initial principal office	is	
250 West Main Street	, Suite 1600	Lexington	KY	40507
Street Address or Post Office Box Num	ıber	City	State	Zip Code
Article IV: The limited liability con	npany is to be managed	by (must check one):		
A. a manager(s).	-	• (		
B. its member(s).				
Article V: This application will be	effective upon filing, unle	ess a delayed effective data	and/or time is and	dala di Tenja se sa
date or the delayed effective date	cannot be prior to the da	ate the application is filed.	The date and/or tim	
<b>A</b>	1			(Delayed effective date and/or time)
I/Weydeclare under penalty of peri	/ ury under the laws of the	state of Kentucky that the	foregoing is true or	
Kerray m. H		Richard M. Hopgod		
Signature of Organizer	P	rinted Name & Title	, Organizer	Date
	$\bigcirc$			-410
Signature of Organizer	P	rinted Name & Title		Date
WT&C Corporate Ser	vices, Inc.	appoint to annual of the		
Print Name of Registered Agent	, cc	insent to serve as the registered a		ited liability company.
Duhara S. I Na		arbara G. Mangus, Vice I	President 6/2	8/11
Signature of Registered Agent	P	rinted Name	Date	
04/11)	$\bigcup$			