

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Secretary of State  
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**Statement of Qualification  
(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

1. The name of the partnership electing to become a limited liability partnership is

**H L S Trucking LLP**

2. The mailing address of the chief executive office of the limited liability partnership is

**186 Hunter Dr, Greenup, KY 41144**

3. The name of the initial registered agent is

**Mary McCoy**

and the street address of the entity's initial registered office in Kentucky is

**186 Hunter Dr, Greenup, KY 41144**

4. The above partnership elects to be a limited liability partnership.

This application will be effective on **Friday, July 12, 2024**.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **General Partner: Mary McCoy**

Signature of individual signing on behalf of **General Partner: Mary McCoy**

I, **Mary McCoy**, consent to sign for **Mary McCoy** who serves as the Registered Agent on behalf of this entity on Friday, July 12, 2024.