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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/11/2012 2:54 PM Fee Receipt: \$40.00



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 Organization Limited Liability Company KLĊ

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

CC Manpower Associates, LLC

| Article II: The street address of the limited liability | company's initial registered office in K | entucky is | |
|---|---|----------------|--------------|
| 103 Red Cedar Way | Bowling Green | KY | 42104 |
| Street Address Only (No Post Office Box Numbers) | City | State | Zip Code |
| and the name of the initial registered agent at that | office is Carol Colburn | | |
| Article III: The mailing address of the limited liabil | ity company's initial principal office is | | |
| 103 Red Cedar Way | Bowling Green | KY | 42104 |
| Street Address or Post Office Box Number | City | State | Zip Code |
| B. its member(s). Article V: This application will be effective upon fil date or the delayed effective date cannot be prior | | | |
| I/We declare under penalty of perjury under the la | ws of the state of Kentucky that the for | egoing is true | and correct. |
| < Carel Colbum | Carol Colburn | | 5/4/12 |
| Signature of Organizer | Printed Name & Title | | Date |
| Signature of Organizer | Printed Name & Title | | Date |

| L Carol Colburn | , consent to serve as the registered age | ent on behalf of the limited liability company. |
|--------------------------------|--|---|
| Print Name of Registered Agent | Carol Colburn | 5/4/12 |
| Signature of Registered Agent | Printed Name | Date |

(01/12)