



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Organization
Limited Liability Company

KLC

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:

Article II: The street address of the limited liability company's initial registered office in Kentucky is:

Street Address Only (No Post Office Box Numbers)	City	State	Zip Code
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and the name of the initial registered agent at that office is _____.

Article III: The mailing address of the limited liability company's initial principal office is:

Street Address or Post Office Box Number	City	State	Zip Code
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Article IV: The limited liability company 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.

_____ If checked, this business is veteran-owned as defined by KRS 14A.2-070(45) for the purposes of 14A.2-165 (see filing instructions).

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

/s/ Andrew Shrout

Signature of Organizer	Printed Name & Title	Date
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I, _____, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent

Bill Havre

Signature of Registered Agent	Printed Name	Date
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