

## 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 Incorporat Profit Corporation	ion		PAI
Pursuant to KRS 14A and KRS 271	IB, the undersigned applies to o	qualify and for that purpose s	submits the fo	llowing statements:
Article I: The name of the corporati	ion is HomeTRUST	Real Estate Se	MICOS	
Article II: The number of shares the	e corporation is authorized to is	sue is		·
Article III: The street address of the	e corporation's initial registered	office in Kentucky is		
380 Nancy Dry Street Address (No Post Office Box Num	bers)	Elicabellitour	State	4270) Zip Code
and the name of the initial registere	ed agent at that office is	Facy I Olson	\	
Article IV: The mailing address of t	he corporation's principal office	is		
386 Naney Driv	Je Eliz	abelhtown	hy	42701
Street Address or Post Office Box Number	er	City	State	Zip Code
Article V: The name and mailing action 386 Name Street Addre	ddress of the incorporator is as an equipment of the Box Number	follows: Elicabethtown City	State	Zip Code
Name Street Addre	ss or Post Office Box Number	City	State	Zip Code
Name Street Addre	ss or Post Office Box Number	City	State	Zip Code
Article VI: This application will be ef or the delayed effective date canno	fective upon filing, unless a del t be prior to the date the applica	ayed effective date and/or tir ation is filed. The date and/o	me is provided or time is(Delay	d. The effective date
Please indicate the county in which your County:	business operates:			
county.	To complete the following, pleas	e shade the box completely.		
Please indicate the size of your business:  ☑ Small (Fewer than 50 employees)  ☐ Large (50 or more employees)	Please indicate whether any	of the following applies to your beteran Owned		ip:
Please indicate which of the following be	est describes your business:			
☐ Agriculture ☐ Mining ☐ Wholesale Trade ☐ Retail Tra ☐ Public Administration ☐ Transpor ☐ Other	☐ Services ade ☐ Manufacturing tation, Communications, Electric, Gas	☐ Construction ☐ Finance, Insurance, Real Esta , Sanitary Services	te	
I/We declare under penalty of perju	ry under the laws of the state o	f Kentucky that the foregoing	is true and c	orrect.
Signature of Incorporator	Tracy I 0 SU. Printed Name	n President	<u>3</u>	28-19
Print Name of Registered Agent	/	, consent to serve as the reç	gistered agent on	behalf of the corporation.
Mon O Olivers Signature of Registered Agent	Tracy I Olson Printed Name	President	<u>3</u>	28-19 ite