

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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PAOI

Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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**Articles of Incorporation**  
**Profit Corporation**

**PAI**

Pursuant to KRS 14A and KRS 271B, the undersigned hereby forms a business corporation and for that purpose sets forth the following:

Article I: The name of the profit corporation is

**LOST CREEK MEDICINAL Co.**

Article II: The number of shares the corporation is authorized to issue is **10000**

Article III: The name of the initial registered agent is

**William Dawhare**

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

**604 COMBS RD, HAZARD, KY 41701**

Article IV: The mailing address of the entity's principal office is

**604 Combs RD, HAZARD, KY 41701**

Article V: The name and mailing address of the incorporator is as follows:

**Incorporator**      **WILLIAM DAWHARE**      **PO BOX 1834, HAZARD, KY 41702**

This application will be effective on **Thursday, May 23, 2024.**

I 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 **Incorporator:**  
**WILLIAM DAWHARE**

I, **William Dawhare**, consent to serve as the Registered Agent on behalf of this entity on Thursday, May 23, 2024.