## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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|---|--|------------------------------------|--------------|
| Alison Lunderga<br>Secretary of<br>P. O. Box<br>Frankfort, KY 40<br>(502) 564-3<br>http://www.sos | State<br>1150<br>0602-1150<br>3490   | Annual Report<br>Online Filing     |              |
| Company:<br>Company ID:<br>State of origin:<br>Formation date:<br>Date filed:<br>Fee:             | FLUHR, INC.<br>0715566<br>Kentucky<br>10/14/2008 1<br>5/5/2012 8:42<br>\$15.00 | 2:00:00 AM                         |              |
| Definational Office   |  |                                    |              |
| Principal Office  |  |                                    |              |
| 9710 PARK PLAZA AVE.<br>UNIT 207  |  |                                    |              |
| LOUISVILLE, KY 40241  |  |                                    |              |
|   |  |                                    |              |
|   |  |                                    |              |
| Registered Agent Name/Address   |  |                                    |              |
| WALLACE R. FLUHR, JR.   |  |                                    |              |
| 9710 PARK PLAZA AVE.<br>UNIT 207  |  |                                    |              |
| LOUISVILLE, KY 40241  |  |                                    |              |
|   |  |                                    |              |
| Current Officers  | 1201   |                                    |              |
| President   | Wallace R. Fluhr, Jr   | 9710 Park Plaza Ave., #207 Louisvi | IIe KY 10211 |
| Vice President  | Jeri L. Fluhr  | 9710 Park Plaza Ave., #207 Louisvi | lle KY 40241 |
|   |  |                                    |              |
| Signatures  |  | LU WE                              |              |
| Signature   | Wallace R. F   | lubr Ir                            |              |
| Title   | President  |                                    |              |
|   | riconcelle   |                                    |              |
|   |  |                                    |              |