

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

KIC

Business Filings	Limited Liability Company	REG
PO Box 718 Frankfort, KY 40602	, ,	
(502) 564-3490		
www.sos.ky.gov		
Pursuant to KRS 14A and KRS 2	75, the undersigned applies to qualify and for that p	urpose submits the following statements:
Article I: The name of the limited	liability company is	: :
Article II: The street address of t	he limited liability company's initial registered office	in Kentucky is
233 Walnut Ave	Somerset	Ky 42503
Street Address Only (No Post Office B	ox Numbers) City	State Zip Code
and the name of the initial registe	ered agent at that office is 33by 34fo	0.1
Article III: The mailing address o	f the limited liability company's initial principal office	is
Po Box 3941	West Some	erset Ky 42564
Street Address or Post Office Box Nun	nber City	State Zip Code
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be managed by (must check one):	
Article V: This application will be	effective upon filing, unless a delayed effective date	e and/or time is provided. The effective
date or the delayed effective date	e cannot be prior to the date the application is filed.	The date and/or time is
·		(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws of the state of Kentucky that the	e foregoing is true and correct.
On S	Bobby Sitter	Member 5/12/2014
Signature of Organizer	Printed Name & Title	Date
Signature of Organizer	Printed Name & Title	Date
D C ! !		
Print Name of Registered Agent		agent on behalf of the limited liability company.
Linit isguite muchiereren Mann	- Bollon Sutto	5/12/2014
Signature of Registered Agent	Printed Name	Date