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Michael G. Adams
 Kentucky Secretary of State
 Received and Filed:
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Form: INT	Interrogatories	
Business Filings Division P.O. Box 718 Frankfort, KY, 40602 (502) 564-3490 (502) 564-5687 (fax) www.sos.ky.gov	Entity Name: KRISTINA INC.	
	Organization Number: 1250468	
	Mailing Date: January 13, 2023	
		This space for use by Secretary of State

The Secretary of State of the Commonwealth of Kentucky has reason to believe that the entity named above (the Entity), filed of record with the Office of the Secretary of State, is subject to the provisions of KRS Chapter 14A. The Secretary of State hereby propounds the following written interrogatories pursuant to KRS 14A.1-030 and KRS 14A.1-040 in order to ascertain whether the Entity is subject to the provisions of KRS Chapter 14A and is in compliance therewith. These Interrogatories are propounded to the above-referenced entity at the principal office address 236 Hillsboro Ave, Lexington, KY 40511, and shall be answered within thirty (30) days from the date of mailing listed above.

Answers shall be made in writing and under oath subject to the penalties that may be imposed by KRS 14A.1-050, including administrative dissolution of the Entity. If you cannot answer these Interrogatories in full after exercising due diligence to secure the information to do so, so state and answer to the extent possible, specifying your inability to answer the remainder, by stating whatever information or knowledge you have concerning the unanswered portion and detailing what you did in attempting to secure the unknown information. Please return your answers to the address listed above.

As used in these Interrogatories, "entity", "organized", "organizational filing", "person", "principal office", "registered agent", "registered office", "sign" and "signature" have the same meanings as set forth in KRS 14A.1-070.

INTERROGATORY NO. 1: As to the person(s) answering these Interrogatories, state:

- (a) Your name and any other names by which you have been known;
- (b) Your title or position with the Entity, if any;
- (c) Residence address;
- (d) Business address; and
- (e) Length of time employed by, or acting as an agent or officer for the Entity, if applicable;

ANSWER:

INTERROGATORY NO. 2: State the business relationship between the person answering these interrogatories and the Entity, if any.

ANSWER:

INTERROGATORY NO. 3: State whether you, or any person authorized by you or acting at your direction, made an organizational filing, with the Office of the Kentucky Secretary of State on behalf of the Entity.

ANSWER:

INTERROGATORY NO. 4: If you answered in the negative with regard to Interrogatory No. 3, do you have any information or knowledge as to who did make the organizational filing with the Office of the Secretary of State on behalf of the Entity?

ANSWER:

INTERROGATORY NO. 5: The articles of organization for the Entity list 236 Hillsboro Ave, Lexington, KY 40511, as the principal office address for the Entity. Do you own or lease property at that address?

ANSWER:

INTERROGATORY NO. 6: If you answered in the affirmative with regard to Interrogatory No. 5, did you or anyone acting on your behalf authorize the Entity to list the referenced address as the principal office of the Entity?

ANSWER:

The undersigned, being first duly sworn, acknowledges that the Secretary of State may take administrative action as a result of these answers and declares, under penalty of perjury, that the answers and information provided herein are true and correct.

Signature of Answering Party: _____

Date of Signature: _____

Commonwealth of Kentucky

County of _____

Signed and sworn to, or affirmed, before me this _____ day of _____,
20_____ by the Answering Party listed above.

Notary Public Signature

Printed Name of Notary Public

My Commission Expires: _____

Commission Number _____

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Frankfort,

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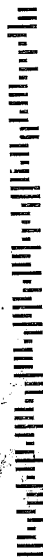


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KRISTINA INC.
236 HILLSBORO AVE
LEXINGTON, KY 40511

Kristina

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UNABLE TO FORWARD FOR REVIEW