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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

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COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Articles of Organization

Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability			KLC .
Pursuant to KRS 14A and KRS 2	75, the undersigned a	applies to qualify and for th	at purpose submits the	following statements:
Article I: The name of the limited	rger LLC	/	fice in Kentucky is	
3900 Aspendal Street Address Only (No Post Office B	e Court	City	lle KY State	<u>40241</u> . Zip Code
and the name of the initial registe	red agent at that offic	e is Krystall	Dawn Emer	У
Article III: The mailing address o	f the limited liability co	ompany's initial principal of	ffice is	,
P.D. BOX 20613 Street Address or Post Office Box Nun	nber	Louisvi	lle KY State	40 25 2 Zip Code
Article IV: The limited liability cor A. a manager(s). B. its member(s). Article V: This application will be			date and/or time is prov	ided. The effective
date or the delayed effective date	cannot be prior to the	e date the application is file	ed. The date and/or tim	e is (Delayed effective date and/or time)
I/We declare under penalty of per	Jury under the laws of	f the state of Kentucky tha	t the foregoing is true ar	nd correct.
Signature of Organizer		Printed Name & Title	EMERY, CO-OW,	NER 9/25/2013 Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent Signature of Registered Agent (01/12)	nery	_, consent to serve as the regist KrystalD Printed Name	ered agent on behalf of the lin	nited liability company.