

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Org Limited Liabilit			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned	applies to qualify and for tha	t purpose submits the	e following statements
Article I: The name of the limited	I liability company is			
Bargains On Main	indomey company to			
Dai gaine on main				
Article II: The street address of t	he limited liability cor	npany's initial registered offic	e in Kentucky is	
267 Main Street		Calhoun	KY	42327
Street Address Only (No Post Office B		City	State	Zip Code
and the name of the initial registered agent at that office is Crystal West				
Article III: The mailing address of the limited liability of				40007
PO Box 587 Street Address or Post Office Box Number		Calhoun	KY	42327
Street Address of Post Office Box Nul	Tiber	City	State	Zip Code
Article IV: The limited liability co	mpany is to be mana	ged by (must check one):		
A. a manager(s).				
B. its member(s).				
B. its member(s).				
Article V: This application will be	e effective upon filing,	unless a delayed effective d	ate and/or time is pro	
date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is $\frac{8/1/2012}{1}$				
				(Delayed effective date and/or time)
I/We declare under penalty of pe	rjury under the laws			
Color Ital		Edward West, Organizer		7/16/2012
Signature of Organizer		Printed Name & Title		Date
uga West		Crystal West, Member		7/16/2012
Signature of Organizer		Printed Name & Title		Date
Crystal West		, consent to serve as the register	ed agent on behalf of the	limited liability company.
Print Name of Registered Agent	11_			
ungle we	H	Crystal West		6/2012
Signature of Registered Agent		Printed Name	Date	

(01/12)