

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Secretary of State  
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**Statement of Qualification  
(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

**Article I:** The name of the foreign limited liability partnership is

**The Foxhole Limited Liability Partnership**

**Article II:** The mailing address of the partnership's principal office address is

**1121 Morrison Park Road , Glasgow, KY 42141**

**Article III:** The street address of the partnership's initial registered office in Kentucky is

**105 South Main Street, Smiths Grove, KY 42171**

and the name of the initial registered agent at that office is **The Foxhole**

**Article IV:** The above partnership elects to be a limited liability partnership.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Name of partner: **Kellie B Long**

Signature of individual signing on behalf of partner: **Kellie B Long**

Name of partner: **Natalie M Rickman**

Signature of individual signing on behalf of partner: **Natalie M Rickman**

I, **Natalie M Rickman**, consent to sign for **The Foxhole** who serves as the Registered Agent on behalf of the limited liability partnership.  
on Wednesday, May 10, 2023