

COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE

Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Statement of (Domestic or Fo				CRA
Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:					
1. The business entity is a corporation (KRS 271B, KRS 273 or KRS 274) a limited liability company (KRS 275) a limited partnership (KRS 362) a limited ilability partnership (KRS 386)					
2. The name of the business entity is					
3. The state or country of incorporation, organization or formation is					
4. The name of the initial registered agent is PARACORP INCORPORATED					
5. The street address of the registered office address in Kentucky is:					
828 LANE ALLEN ROA	AD, SUITE 219	LEXINGT	ON I	Υ	10504
Street Address (No Post Office Box No	umbers)	City	State		Zip Code
6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)					
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.					
MIM	NINH HO			ASSISTANT SCRETARY	
Signature of Registered Agent	Printed	Name		Title	

Fayette county