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mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 10/19/2012 2:07 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

e undersigned applies to	qualify and for the	t nurnose submite th	na followina statement
ty company is	,	r purpose submits ti	ie lollowing statements
ted liability company's ini	tial registered offic	e in Kentucky is	
19			40504
bers)	City	State	Zip Code
ent at that office is Inco	orp Services.	Inc.	
nited liability company's			was a second
0-235		KY	40241
	City	State	Zip Code
is to be managed by (mi	ist check one):		
The are managed by (inc	of check one).		
ve upon filing, unless a de	elayed effective da	te and/or time is pro	vided. The effective
to prior to the date the	application is filed.	The date and/or tin	ne is
			date and/or time)
der the laws of the state	of Kantucky that th	a factoria	
Chris	tine D. II-II	e foregoing is true a	
		Member	10/17/2012
Printed N	ame & Title		Date
04-4-41	0 911		
Printed N	ame & Title		Date
e, consent to	serve as the registered	agent on behalf of the lin	nited liability company.
consent to	serve as the registered	agent on behalf of the lin	mited liability company.
ship Authur:	id Person	agent on behalf of the lift	mited liability company.
	ted liability company's initial state of the laws of the of the l	ted liability company's initial registered office 19	ted liability company's initial registered office in Kentucky is 19