Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Company: Company ID: State of origin: Formation date: Date filed: Fee:	HOFFMAN 0577181 Kentucky 1/26/2004 1 6/28/2012 1 \$15.00	0:00:07 PM	
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Principal Office			
19 SUMMIT AVE. FT. THOMAS, KY 4107	S		
Registered Agent Nam	e/Address		4 \}
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