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Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 3/9/2012 8:18 AM Fee Receipt: \$40.00

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

Business Filings	Articles of Organiz			KLC
Box 718 Limited Liability Company				
Frankfort, KY 40602				
(502) 564-3490				
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 2  Article I: The name of the limited		lies to qualify and for th	nat purpose subr	mits the following statements:
	TAP MEDIA	110		
700	OF THE POPULA	7 660		,
Article II: The street address of t	the limited liability compa	ny's initial registered of	ffice in Kentucky	is
Street Address Only (No Post Office B	ail	Louisville	State	KY <u>40299</u>
Street Address Only (No Post Office B	sox Numbers)	•		Zip Code
and the name of the initial registe	ered agent at that office is	<u>Amanda</u>	H. Wats	son
Article III: The mailing address of	of the limited liability comp	oany's initial principal o	office is	
6501 Ecro Tra	11	LOUISVII)	le k	(y 40299
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co  A. a manager(s).  B. its member(s).  Article V: This application will be			a date and/or time	e is provided. The effective
date or the delayed effective date	e cannot be prior to the d	ate the application is fi	led. The date ar	nd/or time is(Delayed effective date and/or time)
I/We declare under penalty of pe	· · ·	•		
Signature of Organizer	Vatson	Amanda +	Watson	3/8/12
Signature of Organizer	<del></del>	Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent	latson	consent to serve as the regis	stered agent on beha	alf of the limited liability company.
Signature of Registered Agent	Vafson	Amanda H	Watson	3 8 IZ