

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718	Certificate of Authori (Foreign Business E	2		FBE
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov				
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	and KRS 271B, 273, 274,275, 362 a for that purpose, submits the follow	nd 386 the undersigned hing statements:	hereby applies for author	ity to transact business in Kentuck
business to		fit corporation (KRS 273). liability company (KRS 27		service corporation (KRS 274). imited liability company (KRS 275)
2. The name of the entity is West (The name mu	Virginia Indus	mal Services with the Secretary of State	s, Inc.	
3. The name of the entity to be used in h	(Only prov	ride if "real name" is unava	silable for use: otherwise. I	eave blank.)
The state or country under whose law	1 11	1	,	
ا ان ا	C/			
5. The date of organization is 3141	86	and the period of dura		Jank the analysis of desertion
6. The mailing address of the entity's pri	nainal effice is			lank, the period of duration considered perpetual.)
The second secon		Charles	1001	05300
301 RHLBIVA Suite	10	City City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
31 Riverfront Rd.	,	Warfield	KY	41267
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at t	hat office is			
8. The names and business addresses of	of the entity's representatives (secre	tary, officers and director	rs, managers, trustees or	general partners):
John Preere 3	301RHL Blvd., Suite C Street or P.O. Box	Charleston	State	25309
- 1 -	301 RHL Blud Suitel	O Classiania	State	Zip Code 25309
Name Stegon	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.	states or territories of the United S			
10. I certify that, as of the date of filing thi	is application, the above-named ent	ity validly exists under the	e laws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to b	pe a limited liability limited partner	ship. Check the box if	applicable:	
12. This application will be effective upon The effective date or the delayed effective	filing, unless a delayed effective da e date cannot be prior to the date th	te and/or time is provided application is filed. The	e date and/or time is	Text
VALU	J J	ohn Preece	(Del	ayed effective date and/or time)
Signature of Authorized Representative		Printed Name & Title		Date
Cecil C. Varney	- C1	onsent to serve as the reg	gistered agent on behalf	of the business entity.
Type/Print Name of Registered Agent	and the second s			
Charlet June	Cecil C.	Varney a	attorney	9-12-12
Signature of Registered Agent (01/12)	Printed Name	gassiphamiliotisciscis in dermalamen experiente anamenananantentetti. 491	Title	Date