## Commonwealth of Kentucky Michael G. Adams, Secretary of Sta

| Michael G. Adams<br>Secretary of State<br>P. O. Box 1150<br>Frankfort, KY 40602-1150<br>(502) 564-3490<br>http://www.sos.ky.gov |           | 1   |                                       |             |  |  |
|---|-----------|---|---------------------------------------|-------------|--|--|
|   |           | Annual Report<br>Online Filing  |                                       | ARP         |  |  |
| Company:<br>Company ID:<br>State of origin:<br>Formation date:<br>Date filed:<br>Fee:   |           | RANKIN PROPER<br>0720885<br>Kentucky<br>1/8/2009 12:00:00<br>6/21/2021 11:23:0<br>\$15.00 | D AM                                  |             |  |  |
|   |           |   | D WE SA                               |             |  |  |
| Principal Office  |           |   |                                       |             |  |  |
| 6851 LEEANN LANE<br>LEXINGTON, KY 40515   |           |   |                                       |             |  |  |
|   | 40010     |   |                                       | 5           |  |  |
| <b>D</b>  |           |   |                                       |             |  |  |
| Registered Agent Name/Address SUSAN Q. MILLER   |           |   |                                       |             |  |  |
| 6851 LEEANN LA  |           |   |                                       |             |  |  |
| LEXINGTON, KY   |           |   |                                       |             |  |  |
|   |           |   |                                       |             |  |  |
| Members/Manag   | ars       |   |                                       |             |  |  |
| Member  | SUSAN Q M | MILLER 6  | 851 LEEANN LANE, LEXINGTO             | ON KY 40515 |  |  |
|   |           |   | · · · · · · · · · · · · · · · · · · · |             |  |  |
| Signatures  |           | 26  |                                       | 2 Y /       |  |  |
| Signature   | Ē         | Susan Q Miller  | C D AIS                               | 2           |  |  |
| Title   |           | Member  | ED WE                                 | SS //       |  |  |
|   |           | 1 Solow   |                                       |             |  |  |
|   |           |   | RADE CONTRACTOR                       |             |  |  |
|   |           |   |                                       |             |  |  |
|   |           |   |                                       |             |  |  |