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Alison Lundergan Grimes Kentucky Secretary of State

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

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Or Limited Liabi	rganization lity Company		KLC
Pursuant to KRS 14A and KRS 2	75, the undersigne	ed applies to qualify and for tha	t purpose submits t	he following statements
Article I: The name of the limited	liability company i	s		
CPI LLC				
Article II: The street address of the	ne limited liability c	ompany's initial registered offi	ce in Kentucky is	
5800 Cumberland Falls Hwy		Corbin	KY	40701
Street Address Only (No Post Office Bo	City	State	Zip Code	
and the name of the initial registe	red agent at that o	ffice is Christopher Ma	tthew Cornett	
Article III: The mailing address of	f the limited liability			
5800 Cumberland Fall	Corbin	KY	40701	
Street Address or Post Office Box Num	City	State	Zip Code	
Article IV: The limited liability cor  A. a manager(s).  B. its member(s).	npany is to be mar	naged by (must check one):		
Article V: This application will be	effective upon filin	g, unless a delayed effective of	late and/or time is p	rovided. The effective
date or the delayed effective date	cannot be prior to	the date the application is file	d. The date and/or	time is (Delayed effective date and/or time)
I/We declare under penalty of per	jury under the law	s of the state of Kentucky that	the foregoing is true	and correct.
With My	Christopher Matthe	Christopher Matthew Cornett, Agent 8/21/2014		
Signature of Organizer Pr		Printed Name & Title	rinted Name & Title	
Thank of a stank on the		Amanda Katherine	_Amanda Katherine Cornett	
		Printed Name & Title	Printed Name & Title	
Christopher Matthew Print Name of Registered Agent Signature of Registered Agent	Cornett	, consent to serve as the registe Christopher Matthe		1/2014