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Michael G. Adams  
Kentucky Secretary of State  
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**ARTICLES OF ORGANIZATION**  
**LITTLE HOUSE LEASING, LLC**

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The undersigned, serving as the organizers, hereby form a Kentucky limited liability company pursuant to the Kentucky Limited Liability Company Act (the "ACT"), KRS Chapter 275, as follows:

**ARTICLE I**  
**NAME**

The name of the limited liability company shall be **LITTLE HOUSE LEASING, LLC** (the "Company").

**ARTICLE II**  
**INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT**

The street address of the Company's initial registered office shall be **304 S. Greensburg Street, Hodgenville, KY 42748**. The name of the Company's initial registered agent at that office shall be **Sharon H. Ward**.

**ARTICLE III**  
**INITIAL PRINCIPAL OFFICE**

The mailing address of the initial principal office of the Company shall be **304 S. Greensburg Street, Hodgenville, KY 42748**.

**ARTICLE IV**  
**STATEMENT OF MEMBERS**


The Company has at least two (2) members.

**ARTICLE V**  
**STATEMENT OF MANAGEMENT**

The Company is to be managed by its members.

**ARTICLE VII**  
**DISSOLUTION**

The Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any Member or occurrence of any other event which terminates the continued membership of a Member in the Company (an "Event of Disassociation"), unless the business of the Company is continued by the consent of all remaining Members within ninety (90) days after the Event of Disassociation.

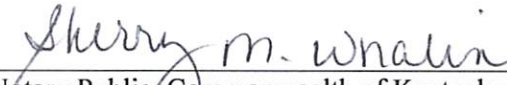


**Sharon H. Ward, Trustee of the Sharon  
Ward Family Trust dated August 5, 2021**

STATE OF KENTUCKY  
COUNTY OF HARDIN

On this 16th day of November, 2023, before me, the undersigned, a notary public in and for the state, personally appeared **Sharon H. Ward, Trustee of the Sharon Ward Family Trust dated August 5, 2021**, personally known to me or proved to me on the basis of satisfactory evidence to be the individuals whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, and that by their signatures on the instrument, the individuals or the persons upon behalf of which the individuals acted, executed the instrument. Witness my hand and official seal.



  
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Notary Public, Commonwealth of Kentucky  
Printed Name: Sherry M. Whalin  
My commission expires: May 15, 2025  
Notary ID: KYNP 28 328