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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 1/15/2015 3:52 PM

Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

	BON EUNDERGAN	OKINIES, OLCKLIAK	OIOIAIL	
Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS	275, the undersigned a	applies to qualify and for that	purpose submits the	following statements
Article I: The name of the limite	ed liability company is			
Niblett Trucking LLC				
Article II: The street address of	the limited liability corr	anany's initial registered offic	o in Kontucky is	1
3521 Lucinda Drive			42104	
Street Address Only (No Post Office	Bowling Gre	een Kentucky state	Zip Code	
			State	Zip Code
and the name of the initial regis	tered agent at that office	e is LISA IVI. INIDICIL		
Article III: The mailing address	of the limited liability co	ompany's initial principal offic	ce is	
3521 Lucinda Drive		Bowling Gre	en Kentucky	42104
Street Address or Post Office Box Number		City	State	Zip Code
Article IV: The limited liability of A. a manager(s). B. its member(s).	ompany is to be manag	ged by (must check one):		
Article V: This application will b	e effective upon filing,	unless a delayed effective d	ate and/or time is prov	vided. The effective
date or the delayed effective da	te cannot be prior to th	e date the application is filed	The date and/or tim	02/01/2015
s date of the delayed effective da	te cannot be prior to th	e date the application is flied	i. The date and/or tim	(Delayed effective date and/or time)
I/We declare under penalty of p	erjury under the laws o	f the state of Kentucky that t	he foregoing is true a	nd correct.
Mulles		Mark C. Niblett	CEO	01/12/2015
Signature of Organizer		Printed Name & Title	DICE.	Date
Jan Ky		Jeramie R. Vance	president	01/12/2015
Signature of Organizer		Printed Name & Title		Date
Lisa M. Niblett		, consent to serve as the register	ed agent on behalf of the li	mited liability company
Print Name of Registered Agent	XI PER	Lisa M. Niblett		2/2015
Signature of Registered Agent	TUCK TO THE TOTAL THE TOTAL TO THE TOTAL TOT	Printed Name	Date	