

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/20/2024 11:54 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ate of Authority Business Entity)	Fee	e Receipt: \$90.00	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		applies for authority to transact l	ousiness in Kentucky	on behalf of the entity named belo	
business trust limited partnership non-profit IIc limited partnership		orofit corporation ed liability company coperative association essional service corporation	professional limited liability company statutory trust public benefit corporation other		
2. The name of the entity is Grainger	Procurement Company I	LLC name on record with the Sec	rotary of State)	·	
3. The name of the entity to be used in		maine on record with the Sec	retary or State.)		
The state or country under whose law	(0	Only provide if "real name" is u	ınavailable for use;	otherwise, leave blank.)	
5. The date of organization is 02/10/2015 and the period of duration is perpetual (If left blank, duration is considered perp				 	
6. The mailing address of the entity's pr	incipal office is		(If left blank, durat	ion is considered perpetual.)	
100 Grainger Parkway		Lake Forest	<u>IL</u>	60045	
Street Address		City	State	Zip Code	
 The street address of the entity's reg West Main Street 	istered office in Kentucky is	Frankfort	101	40601	
Street Address (No P.O. Box Numbers	s)	City	<u>KY</u>	tate Zip Code	
and the name of the registered agent at	•			•	
8. The names and business addresses			managers trustees	or general partners).	
	100 Grainger Parkway	Lake Forest	IL	60045	
Name	Street or P.O. Box	City	State	Zip Code	
Matthew E. Fortin	100 Grainger Parkway	Lake Forest	<u>IL</u>	60045	
Name	Street or P.O. Box	City	State	Zip Code	
Laurie R. Thomson	100 Grainger Parkway Street or P.O. Box	Lake Forest City	<u> L</u> State	60045 Zip Code	
 9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation 10. I certify that, as of the date of filing that the limited partnership, it elects to be serviced. 12. If a limited liability company, checked. 13. This application will be effective upon 	re states or territories of the Unit n. nis application, the above-name a limited liability limited partne s box if manager-managed:	ted States or District of Columbided States or District of Columbided entity validly exists under the rship. Check the box if applicat	a to render a profess laws of the jurisdictio	ional service described in the	
Signature of Authorized Representative	 	Laurie R. Thomson, Printed Name & Title	wanayer	Z/ 19/2024 Date	
organization Authorized Representative		i inted Name & Title		Date	

Alberto Flores-Nunez

Printed Name

, consent to serve as the registered agent on behalf of the business entity.

Title

Assistant Secretary

2/20/2024

Date

I, Corporation Service Company

Type/Print Name of Registered Agent

Signature of Registered Agent