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LAOOAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
3/31/2015 9:58 AM
Fee Receipt: \$40.00**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.govArticles of Organization
Limited Liability Company

KLC

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is
CONCEALED CARRIERS, LLCArticle II: The street address of the limited liability company's initial registered office in Kentucky is
20 Silver View Road**Smithfield****KY****40068****Street Address Only (No Post Office Box Numbers)****City****State****Zip Code**and the name of the initial registered agent at that office is **Bill Wesley Andrew Jump**Article III: The mailing address of the limited liability company's initial principal office is
20 Silver View Road**Smithfield****KY****40068****Street Address or Post Office Box Number****City****State****Zip Code**

Article IV: The limited liability company is to be managed by (must check one):



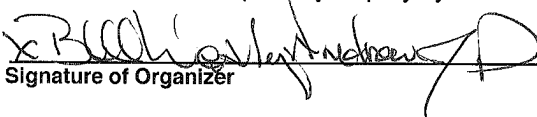
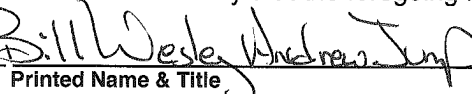
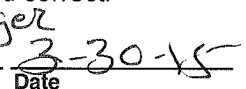
A. a manager(s).



B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.


Signature of Organizer
Printed Name & Title
Date

Signature of Organizer

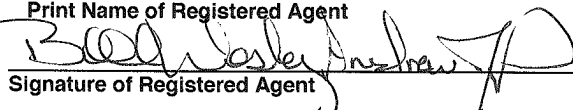
Printed Name & Title

Date

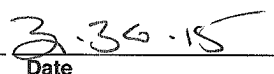
Bill Wesley Andrew Jump

I, _____, consent to serve as the registered agent on behalf of the limited liability company.

Print Name of Registered Agent


Signature of Registered Agent**Bill Wesley Andrew Jump**

Printed Name


Date