## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0400097 Alison Lundergan Grimes KY Secretary of State Received and Filed 9/12/2014 4:25:10 PM Fee receipt: \$15.00

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| Alison Lundergan Grimes<br>Secretary of State<br>P. O. Box 1150<br>Frankfort, KY 40602-1150<br>(502) 564-3490<br>http://www.sos.ky.gov |             | Annual Report<br>Online Filing   |                   |            | ARP |
| Company:<br>Company ID:<br>State of origin:<br>Formation date:<br>Date filed:<br>Fee:  |             | BIERMAN PROI<br>0400097<br>Kentucky<br>10/18/1994 12:0<br>9/12/2014 4:25:<br>\$15.00 |                   |            |     |
|  |             |  | ED WE SA          |            |     |
| Principal Office   |             |  |                   |            |     |
| 2412 MILLERS LANE  |             |  |                   |            |     |
| LOUISVILLE, KY 40216   |             |  |                   |            |     |
|  |             |  |                   |            |     |
| Registered Agent Name/Address  |             |  |                   |            |     |
| JAMES M. BIERMAN   |             |  |                   |            |     |
| 2412 MILLERS LANE  |             |  |                   |            |     |
| LOUISVILLE, KY 40216   |             |  |                   |            |     |
|  | 0210        |  |                   | $\geq -11$ |     |
|  |             |  |                   |            |     |
| Members/Managers   |             |  |                   |            |     |
| Member   | James Bierr | nan  | 2412 Millers Lane |            |     |
|  |             |  |                   |            |     |
| Signatures   |             |  |                   |            |     |
| Signature  |             | Adam Storey  | DED WE SPANS      |            |     |
| Title  |             | Office Mgr   | ED WE             |            |     |
|  |             | NO VON   |                   |            |     |
|  |             |  | AT A CALLED       |            |     |
|  |             |  |                   |            |     |
|  |             |  |                   |            |     |
|  |             |  |                   |            |     |