

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
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**Statement of Qualification**  
**(Domestic Limited Liability Partnership)**

**KNL**

KNLP  
1060564.17  
Alison Lundergan Grimes  
Secretary of State  
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Pursuant to the provisions of KRS 362, the undersigned partnership submits the following statement:

**Article I:** The name of the partnership electing to be a limited liability partnership is

**Southside Services Limited Liability Partnership**

**Article II:** The mailing address of the chief executive office of the limited liability partnership is

**1101 S State Highway 7, Grayson, KY 41143**

**Article III:** The street address of the partnership's initial registered office in Kentucky is

**1101 S State Highway 7, Grayson, KY 41143**

and the name of the initial registered agent at that office is **Zachary Michael McCaskey**

**Article IV:** The above partnership elects to be a limited liability partnership.

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

Name of partner: **Victoria Ann Greene**

Name of partner: **Zachary Michael McCaskey**

Signature of individual signing on behalf of partner: **Zachary Michael  
McCaskey**

Signature of individual signing on behalf of partner: **Victoria Ann Greene**

I, **Zachary Michael McCaskey**, consent to serve as the Registered Agent on  
behalf of the limited liability partnership.

Signature of Registered Agent or individual signing on behalf of the  
company serving as Registered Agent:

Zachary Michael McCaskey