

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
Secretary of State
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Alison Lundergan Grimes
Secretary of State
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Statement of Qualification
(Domestic Limited Liability Partnership)

KNL

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

DC Meddia Group , Limited Liability Partnership

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

111 Holly Ct, Lawrenceburg, KY 40342

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

111 Holly Ct, Lawrenceburg, KY 40342

and the name of the initial registered agent at that office is **David J Futrell**

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: **Christy J Futrell**

Name of partner: **David J Futrell**

Signature of individual signing on behalf of partner: **David J Futrell**

Signature of individual signing on behalf of partner: **Christy J Futrell**

I, **David J Futrell**, 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:

David J Futrell