

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90119 050 ***138.75

DOCUMENT # M02000001842

1. Entity Name
 ORIG, LLC



Principal Place of Business
 10172 LINN STATION ROAD
 LOUISVILLE, KY 40223

Mailing Address
 10172 LINN STATION ROAD
 LOUISVILLE, KY 40223



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 61-1324094

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, J.D. 10172 LINN STATION RD. LOUISVILLE, KY 40223 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, BRIAN F 10172 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WELLS, GREGORY A 10172 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PITCHFORD, DAVID B 10172 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOWARD, SUSAN M 10172 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Susan M. Howard, VP/Sec* *Susan M. Howard, VP/Sec* 1/14/2008 (502) 426-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #