

EXHIBIT A

MEMORANDUM OF TENANTS IN COMMON AGREEMENT

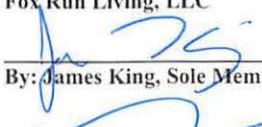
State of Colorado, County of Arapahoe


This Memorandum of Tenants in Common Agreement hereby amends the initial Memorandum of Tenants in Common Agreement dated December 29, 2017 as follows:

Fox Run Living LLC, a Colorado limited liability company and Laura A. King, Trustee of the Laura A. King Trust dated December 28, 2005 are now and shall be Tenants-in-Common each with 50% ownership interest of the property commonly known as Southview Manor/Davjo Drive located in Cold Spring, KY 41076.

Further, Affiant sayeth naught.

Fox Run Living, LLC


By: **James King, Sole Member**


Laura A. King, Trustee of the Laura A. King Trust dated December 28, 2005

This instrument was prepared by:
Robert A. Calabrese Esq.
7365 E. Kemper Rd. Suite B
Cincinnati, OH 45249

EXHIBIT B

**Kentucky Public Service
Commission**

**Inspection Procedures
Wastewater Treatments Plants
And Sewage Collection Systems**

**Norse's Landing Properties
Crone Environmental Services**

1/1/2019

OPERATORS

NORSE'S LANDING REP.

CARL CRONE

CHRIS CRONE

KEVIN CRONE



**WASTEWATER TREATMENT PLANT
OPERATIONAL AND PREVENTATIVE MAINTENANCE CHECK LIST
GENERAL OUTLINE FOR INSPECTION PROCEDURES**

Operational and Preventative Maintenance	Frequency						
	Daily	Weekly	Monthly	3 Month	6 Month	Yearly	As Needed
1) SEWAGE TREATMENT FACILITIES SURVEY FOR THE FOLLOWING CONDITIONS FOR PLANT AREA AND GROUNDS							
a. Check fence damage	X						
b. Check plant area	X						
c. Cut grass							X
2) PRETREATMENT							
a. Clean inlet, screens, and properly dispose of trash.	X						
b. Check air lift pump	X						
c. Check blower motor and equipment	X						
d. Check aeration basin	X						
3) VALVES AND GATES							
a. Check to see if set correctly	X						
4) CENTRAL CONTROL SYSTEM							
a. Check timers	X						
b. Check electrical controls	X						
c. Check control housing			X				
d. Check for unprotected electrical connections	X						
5) AERATION BASIN							
a. Visually check aeration system for even air distribution; no dead spots	X						
b. Raise and clean rags from diffusers			X				
c. Check oil level in mechanical aerator gear cases			X				
d. Check oil level in blower gear cases			X				
e. Check for air leaks around base of fittings of blower	X						
f. Check blower belts for wear and tension	X						
g. Check blower motor and bearing for excessive heat	X						
h. Check aeration system for unusual noises or vibration.	X						
i. Log running time for mechanical aeration	X						
j. Check amperage on mechanical aeration		X					
6) CLARIFIER							
a. Scrape sides and sloping bottom of clarifier							X
b. Remove any floating material on top of clarifier	X						
c. Check sludge recirculation system	X						
d. Check scum recirculation system	X						

**WASTEWATER TREATMENT PLANT
OPERATIONAL AND PREVENTATIVE MAINTENANCE CHECK LIST
GENERAL OUTLINE FOR INSPECTION PROCEDURES**

Operational and Preventative Maintenance	Frequency						
	Daily	Weekly	Monthly	3 Month	6 Month	Yearly	As Needed
1) SEWAGE TREATMENT FACILITIES SURVEY FOR THE FOLLOWING CONDITIONS FOR PLANT AREA AND GROUNDS							
a. Check fence damage	X						
b. Check plant area	X						
c. Cut grass							X
2) PRETREATMENT							
a. Clean inlet, screens, and properly dispose of trash.	X						
b. Check air lift pump	X						
c. Check blower motor and equipment	X						
d. Check aeration basin	X						
3) VALVES AND GATES							
a. Check to see if set correctly	X						
4) CENTRAL CONTROL SYSTEM							
a. Check timers	X						
b. Check electrical controls	X						
c. Check control housing			X				
d. Check for unprotected electrical connections	X						
5) AERATION BASIN							
a. Visually check aeration system for even air distribution; no dead spots	X						
b. Raise and clean rags from diffusers			X				
c. Check oil level in mechanical aerator gear cases			X				
d. Check oil level in blower gear cases			X				
e. Check for air leaks around base of fittings of blower	X						
f. Check blower belts for wear and tension	X						
g. Check blower motor and bearing for excessive heat	X						
h. Check aeration system for unusual noises or vibration.	X						
i. Log running time for mechanical aeration	X						
j. Check amperage on mechanical aeration		X					
6) CLARIFIER							
a. Scrape sides and sloping bottom of clarifier							X
b. Remove any floating material on top of clarifier	X						
c. Check sludge recirculation system	X						
d. Check scum recirculation system	X						

EXHIBIT C



MATTHEW G. BEVIN
GOVERNOR

CHARLES G. SNAVELY
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
8020 VETERANS MEMORIAL DRIVE SUITE 110
FLORENCE KY 41042

ANTHONY R. HATTON
COMMISSIONER

May 8, 2019

James King
6300 E Hampden Ave Unit C #324
Denver, CO 80222

Re: Notice of Violation
AI ID: 638
AI Name: Fox Run Living LLC
Activity ID: ENV20190001
Permit No. KY0034711
Campbell County, KY

Mr. King:

On February 4, 2019, the Division of Water issued Fox Run Living LLC a Notice of Violation (NOV). The Florence Regional Office appreciates Fox Run Living LLC's efforts to address the compliance issues raised by the NOV. The actions taken by Fox Run Living LLC in response to the NOV are considered sufficient at this time with regard to the violations listed in the NOV. The Cabinet reserves its rights under KRS Chapter 224 and its administrative regulations to undertake such enforcement action hereafter as it deems appropriate, which may include consideration of the compliance issues addressed by the NOV. If you have any questions, please feel free to contact me at (859) 525-4923.

Sincerely,

Mr. Jeffrey R. Malsi
Environmental Inspector
Florence Regional Office
Division of Water

JRM
Enclosure:



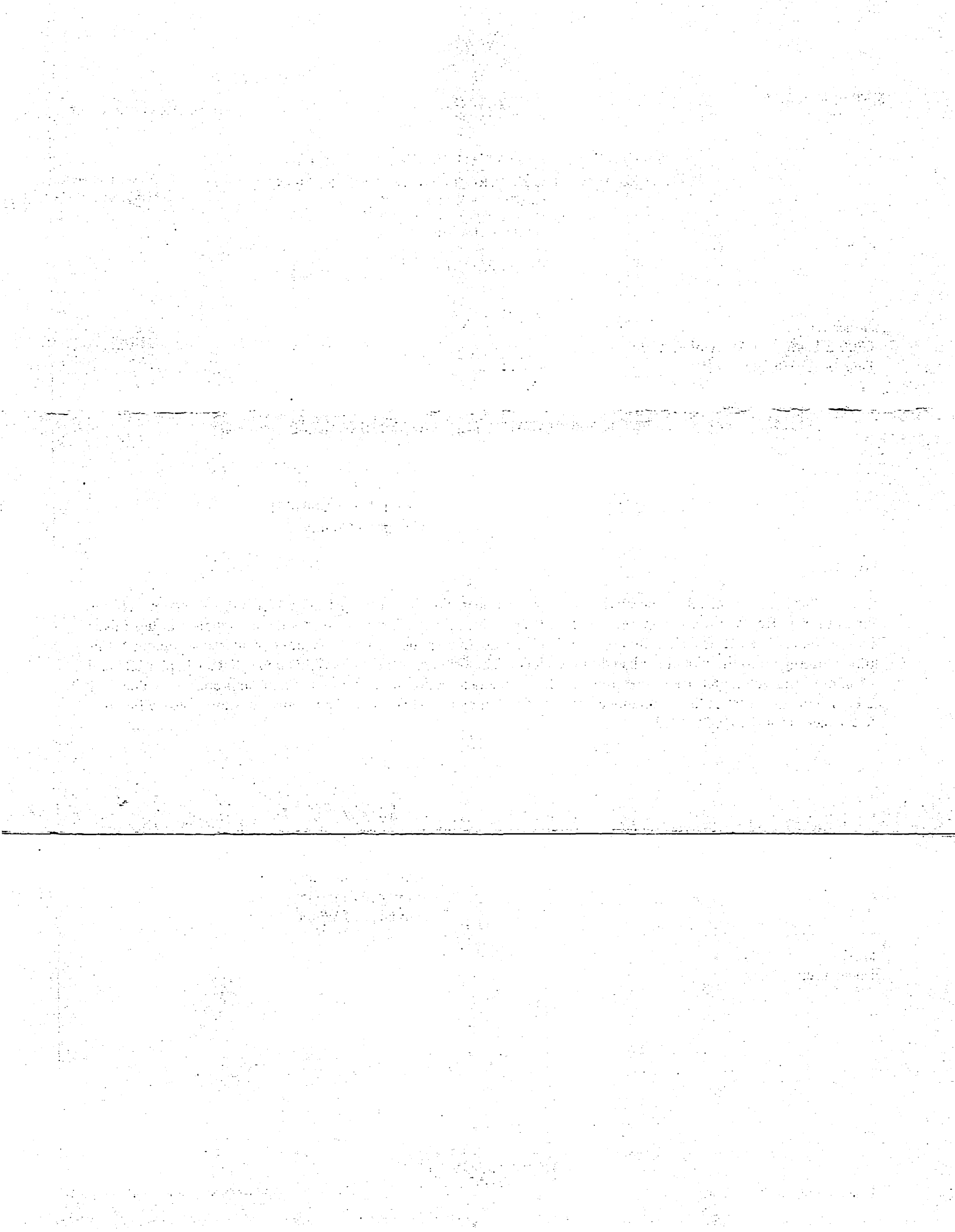


EXHIBIT D



Colorado Secretary of State
 Date and Time: 12/28/2017 07:37 AM
 ID Number: 20171962612
 Document number: 20171962612
 Amount Paid: \$50.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

King Communities LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

6300 E Hampden Ave

(Street number and name)

Unit C #324

Denver

(City)

CO

(State)

80222

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

King

(Last)

James

(First)

(Middle)

(Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

6300 E Hampden Ave

(Street number and name)

Unit C #324

Denver

(City)

CO

(State)

80222

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) King James
(Last) (First) (Middle) (Suffix)

or

(if an entity) _____
(Caution: Do not provide both an individual and an entity name.)

Mailing address 6300 E Hampden Ave
(Street number and name or Post Office Box information)
Unit C #324
Denver CO 80222
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in
(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are 12/28/2017
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

King James
(Last) (First) (Middle) (Suffix)
6300 E Hampden Ave
(Street number and name or Post Office Box information)
Unit C #324
Denver CO 80222
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

King Communities LLC

is a

Limited Liability Company

formed or registered on 12/28/2017 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20171962612 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/15/2019 that have been posted, and by documents delivered to this office electronically through 05/16/2019 @ 13:15:01 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/16/2019 @ 13:15:01 in accordance with applicable law. This certificate is assigned Confirmation Number 11577587 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."