

## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

0804560.09

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Elaine N. Walker, Secretary of State Received and Filed: 10/31/2011 12:00 AM

Fee Receipt: \$90.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490	Certificate of Aut (Foreign Busines			FBE	
www.sos.ky.gov		<u> </u>		·	
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,			ned hereby applies for au	thority to transact business in Kentucky	
business to	· · —	onprofit corporation (KRS nited liability company (KR		nal service corporation (KRS 274), nal limited liability company (KRS 275).	
Z. The lighter of the diffity is	servation Internation	<u> </u>	State.)	·	
3. The name of the entity to be used in K	Controlor is differenticable):	-	unavailable for use; otherwi	se, leave blank.)	
4. The state or country under whose law	To	xas			
5. The date of organization is 10/5/1989and the period of duration is Perpetual					
The date of organization is      The mailing address of the entity's printing address of the entity address of the enti		and the period or	duration is (if	eft blank, the period of duration is considered perpetual.)	
500 N. Capital of Texas Hi		Austin	TX	78746	
Street Address	<u> </u>	City	State	Zip Code	
7. The street address of the entity's regis	stered office in Kentucky is				
400 West Market Street, Su	•	Louisville	KY	40202	
Street Address (No P.O. Box Numbers)		City	State	Zip Code	
and the name of the registered agent at the	<sub>hat office is</sub> National Re	gistered Agents, I	Inc.	<u></u>	
8. The names and business addresses of				s or deneral pariners).	
	r nie crinty a representatives (		coloro, meriogora, acatec	a or goriaras portitionals.	
See Attachment	Street or P.O. Box	Cit.	State	Zip Code	
Name 5	Street or P.O. Box	City	ame	Zip Gdde	
Name S	Street or P.O. Box	City	State	Zip Code	
Name S	Street or P.O. Box	City	State :	Zip Code	
<ol> <li>If a professional service corporation, all and treasurer are licensed in one or more statement of purposes of the corporation.</li> </ol>					
10. I certify that, as of the date of filing this	s application, the above-name	d entity validly exists und	er the laws of the jurisdict	on of its formation.	
11. If a limited partnership, it elects to b	e a limited liability limited pa	irtnership. Check the b	ox if applicable:		
12. This application will be effective upon The effective date or the delayed effective			. The date and/or time is .	(Delayed effective date and/or time)	
IXM	Dave Waldien, Vice President /0-28-//				
Signature of Authorized Representative	<del></del>	Printed Name &		Date	
, National Registered Agents	s, Inc.	, consent to serve as th	e registered agent on beh	alf of the business entity.	
Type Print Name of Registered Agent				1 Notani	
	Joy Sci Printed Nar	hroeder	Asst. Secretar	<u> </u>	
Signature of Registered Agent	Frinced Nar	110	Title	DSIR	

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# Bat Conservation International, Inc. P.O. Box 162603 Austin, TX 78716

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