Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Authority

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a limited liability company.

2. The name of the entity is: Reservation Operations Center LLC

3. The name of the entity to be used in Kentucky is (if applicable): Reservation Operations Center LLC

4. It is an entity organized and existing under the laws of the state of Montana.

5. The date of organization is 11/29/2004 and the period of duration is perpetual

Principal Office

350 N Meridian 8431 PO Box 8431 Kalispell, MT 59904-1431

Registered Agent Name/Address

Northwest Registered Agent, LLC 212 2nd Street Ste 100 Richmond, KY 40475

Members/Managers

Member	National Park Services.C	rg, Inc 350 N Meridian 8431, PO Box 8431 Kalispell MT
59904-1431		
Member	Travel Services	13 Rock Creek Court, PO Box 427, Whitefish MT 59937

6. As the Authorized Representitive, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Lynda Lundquist on 1/10/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Northwest Registered Agent, LLC on 1/10/2022

1090200 1090200 Michael G. /.....

Received and Filed 1/10/2022 12:00:00 AM Fee receipt: \$256.00

RCA