

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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

FBE

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 **profit corporation**.
2. The name of the entity is: **INTERA ONCOLOGY, INC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **1/25/2019** and the period of duration is **perpetual**.

7. Principal Office

65 WILLIAMS STREET SUITE 200
WELLESLEY HILLS, MA 02481

8. Required Representatives

Director	Jonathan Reis	65 WILLIAMS STREET SUITE 200	WELLESLEY HILLS	ma	02481
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9. Registered Agent/Office

Registered Agents, Inc.
212 N. 2nd Street, STE 100
Richmond, KY 40475

I, **Registered Agents, Inc**, consent to sign for **Registered Agents, Inc.** who serves as the **Registered Agent** on behalf of this Entity.

on Wednesday, August 9, 2023

As the Authorized Representative, I, **Jonathan Reis**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**