

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

1/12/2023 12:00:00 AM

Fee receipt: \$402.00

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**

**RCA**

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: NurseTim, Inc.
3. The name of the entity to be used in Kentucky is (if applicable): NurseTim
4. It is an entity organized and existing under the laws of the state of Minnesota.
5. The date of organization is 1/1/2008 and the period of duration is perpetual

**Principal Office**

1495 STIEGER LAKE LN  
Victoria, MN 55386

**Registered Agent Name/Address**

C TCORPORATION SYSTEM  
306 W MAIN STREET SUITE 512  
FRANKFORT, KY 40601

**Current Officers**

President	STACY CAYWOOD	230 3RD AVE WALTHAM MA 02451
Secretary	ROBERT INGATO	28 LIBERTY ST NEW YORK, NY 10005
Vice President	J. MICHELE BALNIUS	2700 LAKE COOK ROAD RIVERWOODS
Treasurer	IRVING FELDMAN	2700 LAKE COOK ROAD RIVERWOODS IL 60015

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. ERIN SANDERS on 1/12/2023

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. C TCORPORATION SYSTEM on 1/12/2023