

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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: **ROSS & ASSOCIATES OF RIVER FALLS, WISCONSIN LIMITED**
3. The state or country whose law the entity is organized is **Wisconsin**.
4. The date of organization is **11/24/1989** and the period of duration is **perpetual**.
This Filing is Effective on Monday, April 1, 2024

5. Principal Office

246 Summit Street
River Falls, WI 54022

6. Required Representatives

Officer	Daniel Ross	246 Summit StreetRiver Falls	WI	54022
Officer	Robert Duffy	246 Summit StreetRiver Falls	WI	54022

7. Registered Agent/Office

CT Corporation
306 West Main Street
Suite 512
Frankfort, KY 40601

I, **Daniel Ross**, consent to sign for **CT Corporation** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, April 1, 2024

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