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 profit corporation.
- 2. The name of the entity is: ZETRON, INC
- 3. The state or country whose law the entity is organized is **Washington.**
- 4. The date of organization is **11/10/1980** and the period of duration is **perpetual**. This Filing is Effective on Tuesday, March 12, 2024

5. Principal Office			.0		
6812 185th Ave NE					
Redmond, WA 98052					
6. Required Represer	itatives			Cil	
Officer	Scott French	6812 185th Ave NE	Redmond	WA	98052
7. Registered Agent/C	Office				
Corporation Service Co	mpany				
421 West Main Street					
Frankfort, KY 40601	A 22 91		183		
l, Alix Anast, Assistan	t Secretary, consent to	sign for Corporatio	n Service Compa	any who serves a	s the

**Registered Agent** on behalf of this Entity. on Tuesday, March 12, 2024

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

1349113 **1349113** Michael G. *J.....* 

KY Secretary of State Received and Filed 3/12/2024 3:54:15 PM Fee receipt: \$90.00

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