



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1079716.09 tsemones
AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
10/3/2022 10:35 AM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:

| | | | |
|-------------------------------------|--|--------------------------|------------------------|
| <input checked="" type="checkbox"/> | profit corporation | <input type="checkbox"/> | nonprofit corporation. |
| <input type="checkbox"/> | professional service corporation | <input type="checkbox"/> | business trust |
| <input type="checkbox"/> | limited liability company | <input type="checkbox"/> | limited partnership |
| <input type="checkbox"/> | professional limited liability company | <input type="checkbox"/> | statutory trust |
| <input type="checkbox"/> | limited cooperative association | <input type="checkbox"/> | non-profit LLC |
| <input type="checkbox"/> | other | | |
- The name of the company is: User Testing, Inc.
(The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of California.
- The entity received authority to transact business in Kentucky on 12/6/2019.
- The entity has changed its (check all that apply)
 - Domicile name to UserTesting, Inc.
 - Name to be used in Kentucky to _____
 - Jurisdiction of organization to Delaware
 - Period of duration _____
 - Form of organization _____
 - Management type: Member managed Manager managed
- This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

| | | | |
|--|--------------|-----------|-----------|
| | Mona Sabet | Secretary | 9/28/2022 |
| Signature of Authorized Representative | Printed Name | Title | Date |