

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
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 **professional service corporation**.
2. The name of the entity is: **TRI-STATE NEUROSURGICAL, PSC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **1/4/2024** and the period of duration is **perpetual**.
This Filing is Effective on Friday, January 19, 2024
5. As a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, And all Of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia To render a professional service described in the statement of purposes of the corporation.

6. Principal Office

1388 Asbury Cemetery Rd
Chandler, IN 47610

7. Required Representatives

Officer	David M. Eggers	1388 Asbury Cemetery Rd	Chandler	IN	47610
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8. Registered Agent/Office

Jesse T. Mountjoy
608 Frederica St., Ste 201
Owensboro, KY 42301

I, **Jesse T. Mountjoy**, consent to serve as the **Registered Agent** on behalf of this Entity.
on Friday, January 19, 2024

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