## 1431417.06



Michael G. Adams Kentucky Secretary of State Received and Filed: 2/20/2025 12:26 PM Fee Receipt: \$90.00

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|  | MICHAEL   | G. ADAMS, SECRETARY OF   | UTATE   | Fee Receipt: \$90.00   |            |
|--|---|--|---|--|------------|
| Division of Business Filings<br>P.O. Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov  | Ce<br>(For  | rtificate of Authority<br>reign Business Entity)   |   | FBE  |            |
| Pursuant to the provisions of KRS 14<br>and, for that purpose, submits the foll  | A – 030 the undersigned he owing statements:  | ereby applies for authority to transac   | ct business in Kentu  | icky on behalf of the entity   | v named b  |
| 1. The entity is a:<br>business t<br>limited par   | rust 🗸  | nonprofit corporation<br>limited liability company<br>Itd cooperative association  | statutory   |  | у          |
| non-profit   |   | professional service corporation   | other   | nefit corporation  |            |
| . The name of the entity is ATCRH  | Murray, LLC   |  |   |  |            |
| (Th  | e name must be identical  | to the name on record with the Se  | cretary of State.)  |  |            |
| 3. The name of the entity to be used   | in Kentucky is (if applicable)  | ):   |   |  |            |
| The state or country under whose   | aw the entity is organized is   | (Only provide if "real name" is<br>Delaware  | s unavailable for us  | se; otherwise, leave blan  | ik.)       |
| . The date of organization is 1/9/20   | 25  | and the period of durat  | tion is   |  |            |
| The mailing address of the entity's  | principal office is   |  | (If left blank, du  | ration is considered per   | petual.)   |
| 3311 Adventureland Drive   |   | Altoona  | IA  | 50009  |            |
|  |   | City   | State   | Zip Code   |            |
| The street address of the entity's re<br>21 West Main Street   | egistered office in Kentucky  |  |   |  |            |
| treet Address (No P.O. Box Number  |   | Frankfort  | KY  | 40601  |            |
|  | arel  |  |   |  |            |
|  | 65  | City   |   | State Zip C  | Code       |
| nd the name of the registered agent a  | at that office is Corporation   | on Service Company   |   | State Zip C  | Code       |
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| nd the name of the registered agent a<br>The names and business addresse<br>Aichael Sirignano  | at that office is Corporation   | on Service Company<br>ives (secretary, officers and directors  | s, managers, trustee  | State Zip (<br>es or general partners):  | Code       |
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