

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 **limited liability company**.
2. The name of the entity is: **DOL BILLING ASSOCIATES, LLC**
3. The state or country whose law the entity is organized is **Illinois**.
4. The date of organization is **9/1/2023** and the period of duration is **perpetual**.
5. This entity is managed by Members

6. Principal Office

227 West Poplar Street
Harrisburg, IL 62946

7. Required Representatives

Member	Anne Ellis	227 West Poplar Street	Harrisburg	IL	62946
Member	Stacy Greer	830 Chapman Lane	Goreville	IL	62939

8. Registered Agent/Office

Keuler, Kelly, Hutchins, Blankenship & Sigler, LLP
100 S. 4th St., Ste. 400
Paducah, KY 42001

I, **David K. Homra**, consent to sign for **Keuler, Kelly, Hutchins, Blankenship & Sigler, LLP** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, November 30, 2023

As the Authorized Representative, I, **Anne Ellis**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Member-Manager**