Commonwealth of Kentucky Michael G. Adams, Secretary of St.

Received and Filed 10/21/2022 12:00:00 AM Fee receipt: \$124.00

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

RCA

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: CITY NATIONAL BANK OF WEST VIRGINIA INC.
- 3. The name of the entity to be used in Kentucky is (if applicable): CITY NATIONAL BANK OF WEST VIR GINIA
- 4. It is an entity organized and existing under the laws of the state of West Virginia.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

Principal Office

25 GATEWATER RD CROSS LANES, WV 25313

Registered Agent Name/Address

C T CORPORATION SYSTEM 306 W MAIN ST SUITE 512 FRANKFORT, KY 40601

- 6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Brace Mullett on 10/21/2022
- 7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. C T CORPORATION SYSTEM on 10/21/2022