

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

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

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 **profit corporation**.
2. The name of the entity is: **SSW INC.**
3. The state or country whose law the entity is organized is **Illinois**.
4. The date of organization is **1/29/2003** and the period of duration is **perpetual**.  
This Filing is Effective on Monday, April 1, 2024

**5. Principal Office**

707 W LINCOLNWAY  
PO BOX 188  
MORRISON, IL 61270

**6. Required Representatives**

<b>Officer</b>	Jennifer Black	707 W LINCOLNWAY	MORRISON	IL	61270
<b>Secretary</b>	MARY K BLACK	707 W LINCOLNWAY	MORRISON	IL	61270
<b>Officer</b>	ROBERT D BLACK	707 W LINCOLNWAY	MORRISON	IL	61270

**7. Registered Agent/Office**

CSC  
421 West Main Street  
FRANKFORT, KY 40601

I, **JENNIFER R. BLACK**, consent to sign for **CSC** who serves as the **Registered Agent** on behalf of this Entity.  
on Monday, April 1, 2024

As the Authorized Representative, I, **Jennifer Black**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **VICE PRESIDENT**