limited partnership non-profit IIc

PricewaterhouseCoopers Corporate Finance LLC

Division of Business Filings

2. The name of the entity is_

P.O. Box 718

Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

(Foreign Business Entity)

1338430.06

public benefit corporation

mmoore ADD

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 2/2/2024 12:15 PM Fee Receipt: \$90.00

502) 564-3490 vww.sos.ky.gov			
	visions of KRS 14A – e, submits the followi	ereby applies for authority to transact b	ousiness in Kentucky on behalf of the entity named belo
I. The entity is a:	profit corporate business trust	 nonprofit corporation limited liability company	professional limited liability company statutory trust

Itd cooperative association

professional service corporation

3. The name of the entity to I	ne used in Kentucky is (if applicable):_	(Only provide if "real name" is	s unavailable for us	e; otherwise, l	eave blank.)	
,	whose law the entity is organized is_	Delaware				
5. The date of organization is	June 25, 1996	and the period of duration is				
6. The mailing address of the 1 North Wacker Drive	e entity's principal office is	Chicago	(If left blank, dur	ration is consideration is considerated at the constant of the		
Street Address		City	State		Code	
7. The street address of the	entity's registered office in Kentucky is	•	Otate	·		
101 North Seventh Street		Louisville		KY	40202	
Street Address (No P.O. Bo		City		State	Zip Code	
and the name of the registere	d agent at that office is United Agent C	Group Inc.				
	addresses of the entity's representative		rs, managers, trustee	es or general pa	rtners):	
Kristen Kelly	1 North Wacker Drive	Chicago	IL	60606	6	
Name	Street or P.O. Box	City	State	Zip	Code	
					· · · · · · · · · · · · · · · · · · ·	
				7in (Code	
Name	Street or P.O. Box	City	State	Zip v	ouc	
Name 9. If a professional service co and treasurer are licensed in	Street or P.O. Box rporation, all the individual shareholder one or more states or territories of the	City s, not less than one half (1/2) of t	State	Zip of the officers of	Code	
Name 9. If a professional service co and treasurer are licensed in	Street or P.O. Box rporation, all the individual shareholder one or more states or territories of the	City s, not less than one half (1/2) of t	State	Zip of the officers of	Code	
Name 9. If a professional service co and treasurer are licensed in statement of purposes of the	Street or P.O. Box rporation, all the individual shareholder one or more states or territories of the	City s, not less than one half (1/2) of t United States or District of Colum	State the directors, and all obia to render a profes	Zip of the officers of ssional service	Code ther than the secreta described in the	
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