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Kentucky Secretary of State

Michael G. Adams

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

	MICHAEL C. ADA			Fee Receipt: \$90.00
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		e of Authority siness Entity)		FBE
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the follow	- 030 the undersigned hereby app ing statements:	lies for authority to transact l	business in Kentucl	ky on behalf of the entity named belo
business trust // limited lia limited partnership // ltd coope		it corporation ability company erative association onal service corporation	professional limited liability company statutory trust other	
The name of the optituin	name must be identical to the na	me on record with the Sec	retary of State.)	
3. The name of the entity to be used in	Kentucky is (if applicable):(Only	/ provide if "real name" is		e; otherwise, leave blank.)
4. The state or country under whose law 5. The date of organization is $\frac{\text{June 10}}{\text{June 10}}$.	2022	and the period of duration	on is	the local description is a second sec
 The mailing address of the entity's pr 			10. C	ation is considered perpetual.)
8837 Bond Street		Overland Park	KS State	66214 Zip Code
Street Address	istend office in Kontucky in	City	State	Lip oodd
The street address of the entity's registered office in Kentucky is 306 West Main Street, Suite 512		Frankfort	KY	40601
Street Address (No P.O. Box Number and the name of the registered agent at		City		State Zip Code
John Cinelli Name Dave Heimbach Name	8837 Bond Street Street or P.O. Box 8837 Bond Street Street or P.O. Box	Overland Park City Overland Park City	KS State KS State	66214 Zip Code 66214 Zip Code
Lohn Weber	8837 Bond Street	Overland Park	KS	66214 Zip Code
Name 9. If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio	re states or territories of the United	City less than one half (1/2) of th States or District of Columb	e directors, and all	of the officers other than the secreta
10. I certify that, as of the date of filing t	his application, the above-named e	entity validly exists under the	laws of the jurisdic	tion of its formation.
11. If a limited partnership, it elects to b	e a limited liability limited partnersh	ip. Check the box if applica	able:	
12. If a limited liability company, chec	k box if manager-managed:			
13. This application will be effective upo	on filing.			
Bu a Male		ohn Weber - Executive Vice Pres	ident and CFO	November 17, 2022 Date
Signature of Authorized Representative		Printed Name & Title		
I, CT Corporation System Type/Print Name of Registered Agent		, consent to serve as the reg	istered agent on be	half of the business entity.
/s/Amy Berteletti	CT Corporatio	n System	Vice Presient	11/28/2022
Signature of Registered Agent	Printed Name		Title	Date

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