

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

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1373532.09
Michael G. Adams
Secretary of State
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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 entity is a **nonprofit corporation**.

2. The name of the entity is

MOUNTAIN-PACIFIC QUALITY HEALTH FOUNDATION, INC.

3. The state or country under whose law the entity is organized is **Montana**.

4. The date of organization is **4/25/1973** and the period of duration is **perpetual**.

5. The mailing address of the entity's principal office is

PO Box 5119, Helena, MT 59604

6. The name of the initial registered agent is

Corporation Service Company

and the street address of the entity's initial registered office in Kentucky is

421 West Main Street, Frankfort, KY 40601

7. The names and business addresses of the entity's representatives:

Officer	Jill Alessi	560 N. Park Ave., Suite 200, Helena, MT 59601
Officer	Mary Erickson	560 N. Park Ave., Suite 200, Helena, MT 59601
Officer	Sean Husmoe	560 N. Park Ave., Suite 200, Helena, MT 59601

8. This application will be effective on **Friday, June 21, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Controller: Christine Wall**

I, **Jawann Latney on Behalf of Corporation Service Company**, consent to sign for **Corporation Service Company** who serves as the Registered Agent on behalf of this entity on Friday, June 21, 2024.