



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
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Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A - 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: [X] profit corporation, nonprofit corporation, professional limited liability company, business trust, limited liability company, statutory trust, limited partnership, ltd cooperative association, public benefit corporation, non-profit llc, professional service corporation, other

2. The name of the entity is Natus Sensory, Inc. (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 05/21/2024 and the period of duration is (if left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is 3150 Pleasant View Road, Middleton, WI 53562

7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512, Frankfort, KY 40601

and the name of the registered agent at that office is C T Corporation System

Table with 5 columns: Name, Street or P.O. Box, City, State, Zip Code. Rows include David Milne and Douglas Balog.

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Signature of Authorized Representative: Douglas Balog, Vice President, 11-07-2024

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.

Signature of Registered Agent: Denise Bell, Asst. Secretary, 11/7/2024