

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
Secretary of State
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Secretary of State
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**Certificate of Authority
Foreign Business Entity**

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 273 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 **Mose & Garrison Siskin Memorial Foundation, Inc.**
3. The state or country under whose law the entity is organized is **Tennessee**.
4. The date of organization is **12/29/1950**.
5. The mailing address of the entity's principal office is **275 E Main St HS2WC, Frankfort, KY 40621**.
6. The street address of the entity's registered office in Kentucky is **275 E Main St HS2WC, Frankfort, KY 40621** and the name of the registered agent in that office is **Tammie Isenberg**.
7. The names and business addresses of the entity's representatives:
Siskin Children's Institute 1101 Carter Street, Chattanooga, Tennessee 37402-501
8. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
9. This application will be effective on filing.

Signature of Authorized Representative:
Siskin Children's Institute

I, **Tammie Isenberg**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Tammie Isenberg