

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Business Frangs Business Flings PO Box 718 Frankforf, KY 40602 (502) 564-3490	Certificate of Authority (Foreign Business Enti		FBE	
www.sos.ky.gov			•	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,	and KRS 271B, 273, 274,275, 362 and a for that purpose, submits the following	386 the undersigned here statements:	∍by applies for autho	rity to transact business in Kentucky
business t	rust (KRS 386), limited liab Inership (KRS 362).	orporation (KRS 273). lity company (KRS 275).		service corporation (KRS 274). limited liability company (KRS 275).
	Measures, Inc. ust be identical to the name on record with	the Secretary of State.)		
3. The name of the entity to be used in h	Kentucky is (if applicable):			
		if "real name" is unavailab	ole for use; otherwise,	leave blank.)
4. The state or country under whose law	v the entity is organized is Delaware	; 		
5. The date of organization is May 2,	2013	and the period of duration	a ie	
o. The date of organization to		and the period of autation	(If left	blank, the period of duration
6. The mailing address of the entity's pri	Incipal office is		is	considered perpetual.)
626 West Main Street, Suite	<del>-</del> 500	Louisville	KY	40202-4269
Street Address		City	State	Zip Code
7. The street address of the entity's regis	stered office in Kentucky is			
421 West Main Street		Frankfort	KY	40601
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at t	that office is CSC-Lawyers Inco	orporating Service	∍ Co.	
8. The names and business addresses of				or general partners);
Henry R. Baughman	626 West Main St., Suite 500	Louisville	KY	40202-4269
	Street or P.O. Box	City	State	Zip Code
James M. Dahmus	626 West Main St., Suite 500	Louisville	KY	40202-4269
	Street or P.O. Box	City	State	Zip Code
Dave Scheve	626 West Main St., Suite 500		KY	40202-4269
Name	Street or P.O. Box	City	State	Zip Code
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 th	nis application, the above-named entity	validly exists under the la	ws of the jurisdiction	of its formation.
11. If a limited partnership, it elects to	be a limited liability limited partnershi	p. Check the box if ap	plicable:	
12. This application will be effective upor The effective date or the delayed effective			are arrared times is	une 5, 2013 elayed effective date and/or time)
March 1	, Dave	Scheve, Asst Sec'y		•
Signature of Authorized Representative	Davo.	Printed Name & Title	A Controller 50	ine 5, 2013
		The second secon		Duto
I, CSC-Lawyers Incorporating Service, consent to serve as the registered agent on behalf of the business entity.				
Type/Print Name of Registered Agent Company				
Jour Alder		unn, Assi <mark>stant \</mark>	/P	6/5/13
Signature of Registered Agent (01/12)	Printed Name	TI	itle	Date