



**COMMONWEALTH OF KENTUCKY**  
**TREY GRAYSON, SECRETARY OF STATE**

**Division of Corporations  
Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Authority for  
Profit/Nonprofit/Professional Service Corporation  
(Foreign Business Corporation)

FCO

Pursuant to the provisions of KRS Chapter 271B, 273 or 274, the undersigned hereby applies for authority to transact business in Kentucky on behalf of the corporation named below and, for that purpose, submits the following statements:

- The corporation is: ☒ profit corporation (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).
- The name of the corporation is Laurits R. Christensen Associates, Inc.
- The name of the corporation to be used in Kentucky is (if applicable):  
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)
- The state or country under whose law the corporation is incorporated is Wisconsin
- The date of incorporation is \_\_\_\_\_ and the period of duration is \_\_\_\_\_
- The mailing address of the corporation's principal office is  
800 University Bay Drive, Stc. 400 Madison WI 53705-2299  
Street Address City State Zip Code
- The street address of the corporation's registered office in Kentucky is  
1303 Doran Road Murray KY 42071-2861  
Street Address (No P.O. Box Numbers) City State Zip Code  
and the name of the registered agent at that office is James P. McCoy

8. The names and business addresses of the corporation's current officers and directors are as follows:

<u>Dianne Christensen</u>	<u>800 University Bay Dr.</u>	<u>Madison</u>	<u>WI</u>	<u>53705-2299</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Laurits R. Christensen</u>	<u>800 University Bay Dr.</u>	<u>Madison</u>	<u>WI</u>	<u>53705-2299</u>
Name	Street or P.O. Box	City	State	Zip Code
<u>Douglas Caves</u>	<u>800 University Bay Dr.</u>	<u>Madison</u>	<u>WI</u>	<u>53705-2299</u>
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. A certificate of existence duly authenticated by the Secretary of State accompanies this application.

11. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is 6/4/2012  
(Delayed effective date and/or time)

Dianne Christensen  
Signature of Officer or Chairman of the Board

CEO  
Printed Name & Title

6/4/2012  
Date

I, James P. McCoy  
Type/Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the corporation.

James P. McCoy  
Signature of Registered Agent

James P. McCoy, Affiliate  
Printed Name & Title

6/4/2012  
Date