

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Authority

FBE

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 **limited liability company**.

2. The name of the entity is

BITTERROOT RAVALLI, LLC

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

4. The date of organization is **2/1/2025** and the period of duration is **perpetual**.

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

12500 SE 2ND CIR, STE 115, VANCOUVER, WA 98684

6. The name of the initial registered agent is

JERRY N HIGGINS

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

523 CENTRE VIEW BLVD, CRESTVIEW HILLS, KY 41017

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

Manager STEPHEN SEAL PO BOX 872590, VANCOUVER, WA 98687

Organizer STEPHEN SEAL PO BOX 872590, VANCOUVER, WA 98687

8. This entity is managed by **Managers**.

9. This filing will be effective on **Monday, February 10, 2025**.

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 **MANAGER: STEPHEN SEAL**

I, **JERRY N HIGGINS**, consent to serve as the Registered Agent on behalf of this entity on Monday, February 10, 2025.