

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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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 business entity is a **limited liability company**.
2. The name of the entity is: **TN ICX, L.C.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Iowa**.
5. The date of organization is **4/29/2020** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

500 1st Street SE
Cedar Rapids, IA 52401

8. Required Representatives

Manager	Randall Rings	500 1st ST SE	Cedar Rapids	IA	52401
Manager	Jason Smith	500 1st ST SE	Cedar Rapids	IA	52401

9. Registered Agent/Office

Corporation Service Company
421 West Main St
Frankfort, KY 40601

I, **Michele Henry**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, April 14, 2023

As the Authorized Representative, I, **Randall Rings**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager & Secretary**