

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Authority

1239161.06

kdcoleman ADD

Michael G. Adams Kentucky Secretary of State

Date

Received and Filed: 10/27/2022 4:02 PM Fee Receipt: \$90.00

<u> </u>			
- 030 the undersigned hereby applies fing statements:	or authority to transact bus	siness in Kentucky or	n behalf of the entity named below
nonprofit con interest in inte	ty company ve association	professional lim statutory trust other	nited liability company
	on record with the Secret	ary of State.)	·
Kentucky is (if applicable):			hamina lagua blank)
v the entity is organized is Illinois			nerwise, leave blank.)
008	and the period of duration i (I)	s f left blank, duratioi	n is considered perpetual.)
incipal office is		·	
			60558 Zip Code
istered office in Kentucky is	•	•	·
s)			40601 e Zip Code
	•	Otal	· Lip Gode
of the entity's representatives (secretar	y, officers and directors, m	anagers, trustees or	general partners):
	Western Springs	<u>IL</u>	60558
	•		Zip Code
			60558 Zip Code
	·,	3.3.0	p
Street or P.O. Box	City	State	Zip Code
re states or territories of the United Stat n.	es or District of Columbia to	o render a professior	nal service described in the
•	•		
k box if manager-managed:			
-			
		10/2	26/2022
Timot	thy Bauwens, Member	10/2	.0/2022
Timot	hy Bauwens, Member Printed Name & Title		Date
	_ -		Date
	ation nonprofit const limited liability limited liability professional	ation Imited liability company Itd cooperative association Imited liability company Itd cooperative association Itd cooperation Itd cooperation	ation Imited liability company It State

Printed Name

Title

Signature of Registered Agent

Division of Business Filings P.O. Box 718