

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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 **profit corporation**.
2. The name of the entity is: **CONCEPT PROGRAM MANAGEMENT, INC.**
3. The state or country whose law the entity is organized is **New York**.
4. The date of organization is **1/10/2022** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, March 27, 2024

5. Principal Office

10805 Old Mill Road
Omaha, NE 68154

6. Required Representatives

Secretary	Jeffrey Silver	10805 Old Mill Road	Omaha	NE	68154
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7. Registered Agent/Office

C T Corporation System
306 W Main Street
Suite 512
Frankfort, KY 40601

I, **Candice Pignataro**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, March 27, 2024

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