

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0919363.06

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 4/13/2015 12:00 AM

Fee Receipt: \$90.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entil	у)		FBE
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and			hereby applies for au	uthority to transact business in Kentucky
business i	rust (KRS 386). Iimíted liabil rtnership (KRS 362),	rporation (KRS 273) ity company (KRS 2		onal service corporation (KRS 274). onal limited liability company (KRS 275).
2. The name of the entity is ISObuni	Kers, LLC ust be Identical to the name on record with	the Secretary of State	·.)	
3. The name of the entity to be used in	Kentucky is (if applicable):	f "real name" is unava	allable for use; otherw	ise leave hiank i
4. The state or country under whose law	\ //www.tunk.n	r tearmand to unave	anable tot use, ontel te	isu, isure biarni,
•	-			·
5. The date of organization is 5/19/196. The mailing address of the entity's pr		nd the period of dura	ation is(if	left blank, the period of duration is considered perpetual.)
5353 E Princess Anne Road	•	Norfolk	VA	23502
Street Address		City	State	Zip Code
7. The street address of the entity's region 6010 Brownsboro Park Blvd	_	Louisville	KY	40207
Street Address (No P.O. Box Numbers)		City	State	Zip Code
and the name of the registered agent at	that office is Stephen A. Schwa	ger		
8. The names and business addresses	of the entity's representatives (secretary	, officers and directo	rs, managers, trustee	es or general partners):
Robert G Powell, Managing Member	5353 E Princess Anne Road, Suite F	Norfolk	VA	23502
Name	Street or P.O. Box	City	State	Zip Code
Matthew H Lipkin, Treasurer		Norfolk	VA	23502
Karen M Dzupinka, CFO	Street or P.O. Box 5353 E Princess Anne Road, Suite F	City	State VA	Zip Code 23502
	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, a and treasurer are licensed in one or mor statement of purposes of the corporation	e states or territories of the United State	an one half (1/2) of i	the directors, and all abla to render a profe	of the officers other than the secretary
10. I certify that, as of the date of filing the	**	•	<u> </u>	lion of its formation.
11. If a limited partnership, it elects to	be a limited liability limited partnership	. Check the box if	fapplicable:	
12. This application will be effective upon The effective date on the delayed effective date of				(Delayed effective date and/or time)
Mowell	Rober	t G Powell, Man	aging Member	4/8/2015
Signature of Authorized Representative		Printed Name & Title	}	Date
I, Stephen A. Schwager Type/Print Name_of Registered Agent	, conse	ent to serve as the re	gistered agent on be	chalf of the business entity.
_0M3	Stephen A. S	chwager	100 - AGO	ent 4/10/1.
ទីល្ខេនប៉ែច ចីវ ក្រុល្បិនប្រវត្តិ Apprix* (01/12)	Printed Name	•	Tílle '	Date/ / ' J