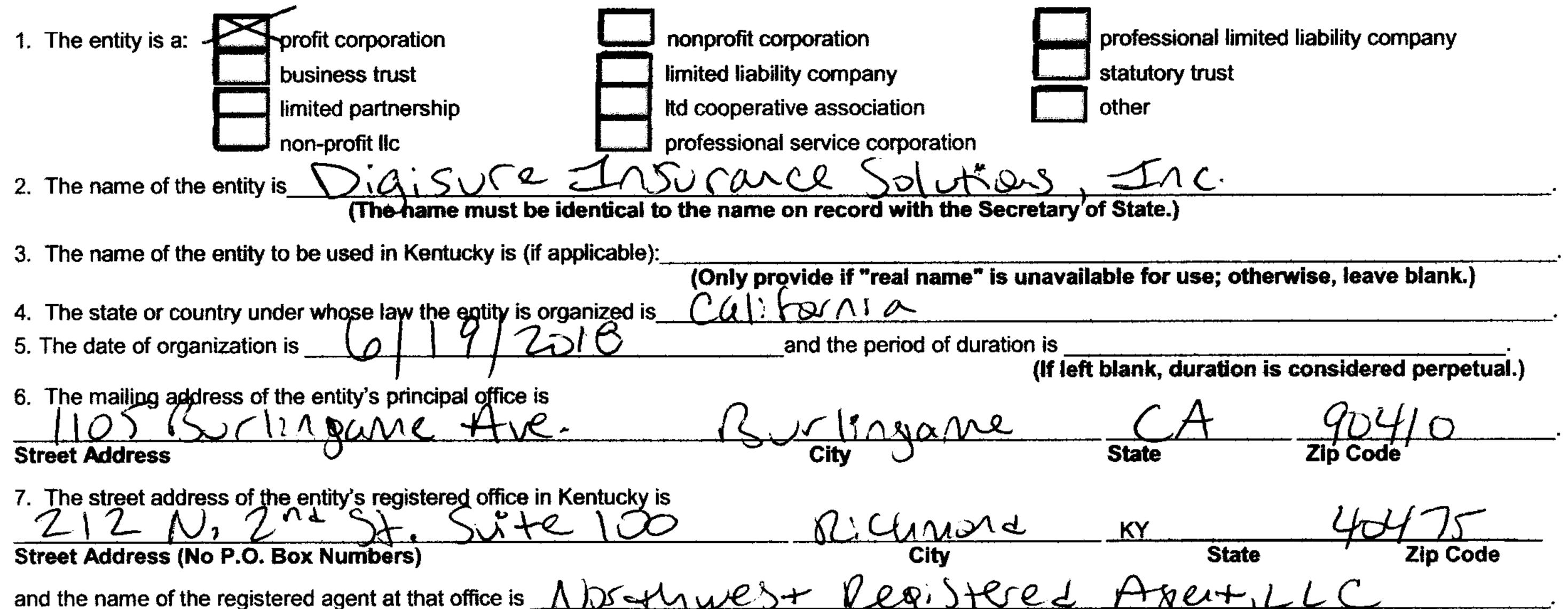


COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)	FBE

Pursuant to the provisions of KRS 14A - 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:



8. The names and business add	resses of the entity's representatives (inagers, trustees of	r general partners):
Paul Smith	1100 Edoew00	LAVE. Oakland City	CA	94602
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

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12. If a limited liability company, check box if manager-managed:

13. This application will be effective upon filing.

Signature of Registered Agent	Printed Name	Title	Date		
Ton Glove	Tom Glover	Assistant Secretary	6/6/2022		
Type/Print Name of Registered Agent	, consent to se	rve as the registered agent on behalf of the b	asiness enuly.		
, Northwest Registered Agent					
Signature of Authorized Representative	Printed	Name & Title	Date		
\mathcal{D}_{i} \mathcal{L}_{-1}	Qail Sc	with COD 1015	17222		

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