

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1264467
Michael G. Adams
KY Secretary of State
Received and Filed

3/2/2023 10:57:59 AM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
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<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: **NEPS, INC.**
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 **Minnesota**.
5. The date of organization is **12/5/2019** and the period of duration is **perpetual**.

7. Principal Office

1725 ROE CREST DR
NORTH MANKATO, MN 56003

8. Required Representatives

Secretary	Gregory W Jackson	1725 ROE CREST NORTH MANKATO DR	MN	56003
Director	Tommie S Braddock	1725 ROE CREST NORTH MANKATO DR	MN	56003
Officer	Charles E Whitaker	1725 ROE CREST NORTH MANKATO DR	MN	56003
Officer	Robert R Makela	1725 ROE CREST NORTH MANKATO DR	MN	56003

9. Registered Agent/Office

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

I, **Jennifer Mince**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, March 2, 2023

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