

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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: **GRAHAM CONSTRUCTION & MANAGEMENT, 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 **Washington**.
5. The date of organization is **7/20/2001** and the period of duration is **perpetual**.

7. Principal Office

568 First Ave S., Suite 400
Seattle, WA 98104

8. Required Representatives

Officer	Trevor Graafstra	568 First Ave S., Suite 400	Seattle	WA	98104
Officer	Colin Aitken	568 First Ave S., Suite 400	Seattle	WA	98104
Officer	Tim Heavenor	568 First Ave S., Suite 400	Seattle	WA	98104
Secretary	Jamie Olsen	568 First Ave S., Suite 400	Seattle	WA	98104
Director	Colin Aitken	568 First Ave S., Suite 400	Seattle	WA	98104
Director	Tim Heavenor	568 First Ave S., Suite 400	Seattle	WA	98104

9. Registered Agent/Office

Registered Agent Solutions, Inc.
828 Lane Allen Road
Suite 219
Lexington, KY 40504

I, **Adam Saldana, Asst. Secretary**, consent to sign for **Registered Agent Solutions, Inc.** who serves as the **Registered Agent** on behalf of this Entity.
on Thursday, March 23, 2023

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