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COMMONWEALTH OF KENTUCKY

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/12/2023 12:18 PM Fee Receipt: \$90.00

mmoore ADD

	MICHAEL G. AD			Fee Receipt: \$9	0.00
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ate of Authority susiness Entity)		FBE	
Pursuant to the provisions of KRS and, for that purpose, submits the f	14A – 030 the undersigned hereby ap ollowing statements:	pplies for authority to transact busi	ness in Kentu	cky on behalf of the	entity named bel
1. The entity is a: profit co busines	rporation nonpro- s trust limited partnership ltd coo	ofit corporation I liability company operative association sional service corporation	professio statutory other	nal limited liability or trust	ompany
2. The name of the entity is MEDU	S, INC.				
	The name must be identical to the n	name on record with the Secreta	ry of State.)		
The name of the entity to be use	d in Kentucky is (if applicable):				
4. The state or country under whos	e law the entity is organized is OH	ly provide if "real name" is una	vailable for u	se; otherwise, leav	e blank.)
5. The date of organization is 11/18		and the period of duration is			
6. The mailing address of the entity		(If	left blank, du	ration is considered	d perpetual.)
4555 LAKE FOREST DR., STE 54	40	BLUE ASH	OH	45242	
Street Address		City	State	Zip Cod	e
7. The street address of the entity's	registered office in Kentucky is			-	
306 West Main Street, Suite 512		Frankfort		40604	
306 West Main Street, Suite 512 Street Address (No P.O. Box Nun and the name of the registered age	nbers) Int at that office is URS AGENTS, LLC		KY	40601 State	Zip Code
306 West Main Street, Suite 512 Street Address (No P.O. Box Nun and the name of the registered age 3. The names and business addres CHARLES RILEY President Name	nbers) Int at that office is URS AGENTS, LLC ases of the entity's representatives (se <u>5544 BELLE REEVE CT</u> Street or P.O. Box	City		State	rs):
306 West Main Street, Suite 512 Street Address (No P.O. Box Nun and the name of the registered age 3. The names and business addres CHARLES RILEY President Name ERIC GOEDDE Treasurer	nbers) Int at that office is URS AGENTS, LLC isses of the entity's representatives (se 5544 BELLE REEVE CT Street or P.O. Box 9479 FARMCOURT LN	City City Cretary, officers and directors, ma LIBERTY TOWNSHIP City LOVELAND	nagers, truste OH State OH	State es or general partne 45011 Zip Cod 45140	rs): e
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306 West Main Street, Suite 512 Street Address (No P.O. Box Nun and the name of the registered agen 8. The names and business address CHARLES RILEY President Name ERIC GOEDDE Treasurer Name 9. If a professional service corporati and treasurer are licensed in one or statement of purposes of the corpor 10. I certify that, as of the date of fili 11. If a limited partnership, it elects the 12. If a limited partnership, it elects the 13. This application will be effective Signature of Authorized Representative LAUREN JOHNSON, ASST SECRETA	Inbers) Int at that office is URS AGENTS, LLC isses of the entity's representatives (set 5544 BELLE REEVE CT Street or P.O. Box 9479 FARMCOURT LN Street or P.O. Box Street or P.O. Box on, all the individual shareholders, not more states or territories of the United ation. ng this application, the above-named of to be a limited liability limited partnersh neck box if manager-managed: upon filing atom atom atom atom atom atom atom atom	City Cretary, officers and directors, ma LIBERTY TOWNSHIP City LOVELAND City City City t less than one half (1/2) of the direction d States or District of Columbia to entity validly exists under the laws hip. Check the box if applicable: Michael Rugy (Printed Name & Title , consent to serve as the registered	OH State OH State State State State ectors, and all render a profe	State es or general partne 45011 Zip Cod Zip Cod of the officers other essional service des tion of its formation.	rs): e e than the secretar cribed in the