

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **profit corporation**.
2. The name of the entity is
ECMD, INC.
3. The state or country under whose law the entity is organized is **North Carolina**.
4. The date of organization is **7/31/1981** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is

PO BOX 130, N WILKESBORO, NC 28659

6. The name of the initial registered agent is

CT CORPORATION SYSTEM

and the street address of the entity's initial registered office in Kentucky is

306 WEST MAIN STREET SUITE 512, FRANKFURT, KY 40601

7. The names and business addresses of the entity's representatives:

Officer	THOMAS C. BURWELL	PO BOX 130, N WILKESBORO, NC 27659
Officer	JAMIE WOODRUFF	PO BOX 130, N WILKESBORO, NC 28659
Officer	KELLY W. HENDRIX	PO BOX 130, N WILKESBORO, NC 28659

8. This filing will be effective on **Tuesday, August 20, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **SR VP AND CFO:**
THOMAS C. BURWELL

I, **DAVID WESTCOTT**, consent to sign for **CT CORPORATION SYSTEM** who serves as the Registered Agent on behalf of this entity on Tuesday, August 20, 2024.