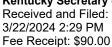
1351986.09

mmoore ADD

Michael G. Adams Kentucky Secretary of State Received and Filed:



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 and, for that purpose, submits the follow		oplies for authority to transac	t business in Kentucky on t	pehalf of the entity named below	
1. The entity is a: X profit corpora	ation nonn	ofit corporation	professional limite	ed liability company	
business trus	132257 GAS 1861 ITEM #351	limited liability company		statutory trust	
limited partner		Itd cooperative association		public benefit corporation	
non-profit lic		professional service corporation		other	
2. The name of the entity is Scott Petro			4		
(The	name must be identical to the r	name on record with the Se	cretary of State.)		
3. The name of the entity to be used in					
o. The hame of the entity to be used in		nly provide if "real name" is	unavailable for use; other	erwise, leave blank.)	
4. The state or country under whose law					
5. The date of organization is March 8,	, 1946	and the period of durat			
6. The mailing address of the entity's pr	decinal office is		(if left blank, duration i	s considered perpetual.)	
102 Main Street	iricipal office is	Itta Bena	MS	38941	
Street Address	***************************************	City	State	Zip Code	
7. The street address of the entity's reg	istered office in Kentucky is				
306 W. Main Street. Suite 512	istered office in Remacky is	Frankfort	KY	40601	
Street Address (No P.O. Box Number	s)	City	State	Zip Code	
and the name of the registered agent at	that office is CT Corporation	System			
8. The names and business addresses	of the entity's representatives (se	ecretary, officers and director	s, managers, trustees or ge	neral partners):	
James Michael Tuttle	102 Main Street	Itta Bena	MS	38941	
Name	Street or P.O. Box	City	State	Zip Code	
Donna Overby Name	102 Main Street Street or P.O. Box	Itta Bena City	MS State	38941	
Stephen Smith	2760 Browns Lane, Suite C		AR	Zip Code 72401	
Name	Street or P.O. Box	City	State	Zip Code	
9. If a professional service corporation, and treasurer are licensed in one or more statement of purposes of the corporation 10. I certify that, as of the date of filing the corporation of the corporat	re states or territories of the Unite his application, the above-named a a limited liability limited partners tox if manager-managed: In filing.	ed States or District of Column	bla to render a professional e laws of the jurisdiction of i	service described in the	
, CT Corporation System		consent to some as the	intered agent as behalf at	he hualage entity	
Type/Print Name of Registered Agent		_, consent to serve as the reg	gistered agent on behalf of t	ne ousiness entity.	
C T Corporation System	Denis	e Rell	41-0-		
By: bruse Dell Signature of Registered Agent	1		Asst. Secretary	3/22/2024	
orginatare of registered Agent	Printed Name		Title	Date	
(2/23)					

ADDITIONAL CORPORATE OFFICERS:

John L. Conner, Jr.	Director
2301 McLain St.	
Newport, AR 72112	

Stephen Marshall Stewart	Director
48 South Ridge	
Wynne, AR 72396	