

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
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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 business entity is a **profit corporation**.
2. The name of the entity is: **INTEGRATED PROCESS SOLUTIONS, 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 **7/1/2008** and the period of duration is **perpetual**.

7. Principal Office

34696 412th Str SE
PO Box 26
Fosston, MN 56542

8. Required Representatives

Officer	Peter John Nelson	P.O. Box 26	Fosston	MN	56542
Officer	Lori Arnold	P.O. Box 26	Fosston	MN	56542

9. Registered Agent/Office

InCorp Services, Inc.
828 Lane Allen Road Ste. 219
Lexington, KY 40504-3659

I, **Lori Arnold**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.

on Friday, March 31, 2023

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