

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Fee receipt: \$90.00

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 **limited liability company**.
2. The name of the entity is: **CHUGACH TRAINING AND EDUCATIONAL SOLUTIONS, LLC**
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 **Alaska**.
5. The date of organization is **5/6/2013** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

3800 Centerpoint Dr.
STE 800
Anchorage, AK 99503

8. Required Representatives

Manager	Katherine G. Carlton	3800 Centerpoint Dr. Ste 800	Anchorage	AK	99503
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9. Registered Agent/Office

C T Corporation System
306 W. Main Street, Suite 512
Frankfort, KY 40601

I, **Katherine G. Carlton**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, February 17, 2023

As the Authorized Representative, I, **Katherine G. Carlton**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**