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**

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 limited liability company.
- 2. The name of the entity is

### **ONE LLC**

- 3. The state or country under whose law the entity is organized is Idaho.
- 4. The date of organization is 11/1/2006 and the period of duration is perpetual.
- 5. The mailing address of the entity's principal office is

## 22500 Quick Draw Ln, Greenleaf, ID 83606

6. The name of the initial registered agent is

# **Registered Agents Inc**

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

### 212 N. 2nd Street, STE 100, Richmond, KY 40475

| 7. The names and business addresses of the entity's representatives: |                   |  |
|--|-------------------|--|
| Member   | Stephanie Nielsen | 2487 West Navigator Drive, Suite 400, Meridian, ID 83642 |
| Member   | Jason R Nielsen   | 2487 W Navigator Dr Ste 400, Meridian, ID 83642          |

8. This entity is managed by Members.

9. This filing will be effective on Tuesday, April 8, 2025.

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 **Member: Jason R Nielsen** 

l, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Tuesday, April 8, 2025.

L902

1445398.06 Michael G. Adams Secretary of State Received and Filed 4/8/2025 12:00:00 AM Fee receipt: \$90

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