

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0426399.09

mmoore WTH

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

10/31/2024 2:11 PM Fee Receipt: \$40.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate	(Foreign Business Entity)		WFE
Pursuant to the provisions of business entity named below	and for that purpose, s	upmits the following st	alements.	al on behalf of the
The name of the business	NEAL, SCOUT	TEN & MCCONNELL, I	P.S.C.	
1. The name of the business	(The name must	t be identical to the nan	ne on record with the	Secretary of State.)
2. The state or country of for	mation is TN			
The Secretary of State ma on the Secretary of State	- forward to the husines	ss entity at the following ne Secretary of State of	g street address any f any future changes	process served to this address:
3672 Hearthstone Circle		Chattanooga	TN	37415
Street Address (No Post Offic	e Box Numbers)	City	State	Zip Code
 The business entity is not in the Commonwealth or pur authority from the commission. The business entity revo appoints the Secretary of Staduring the time it was author of State in the future of any or secretary. 	suant to KRS 14A.9-010 oner of the Department of kes the authority of its re ate as its agent for serving fized to transact busines	of Insurance. egistered agent to acce be of process in any property in the Commonwealt	ept service of process	s on its behalf and
6. This application will be ef	fective upon filing.			
I declare under penalty of pe	erjury under the laws of l	Kentucky that the forgo	oing is true and corre	ct.
Me Im	5(1000000000000000000000000000000000000	Gloria S McConne		10/30/2024
Signature of Authorized Ren	resentative	Printed Name		Date