

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1407199.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/6/2024 2:30 PM Fee Receipt: \$90.00

| 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 | - 030 the undersigned here | eby applies for authority to tran | nsact business in Kentucky | y on behalf of the entity named below | |
| | | St correction | professional | limited liability company | |
| . The entity is a profit corporation | | nonprofit corporation | os por disc. | | |
| Dodnied Las. | | limited liability company Itd cooperative association | | public benefit corporation | |
| minos parate our | | professional service corporation | oraci vo appointment | | |
| non premier | | professional service corporation | 0.00 | | |
| 2. The name of the entity is NuSource | Holdings, Inc. | the name on record with th | e Secretary of State.) | | |
| (The | name must be identical to | Nucourse Holdings Inc | | | |
| 3. The name of the entity to be used in | | | e" is unavailable for use | ; otherwise, leave blank.) | |
| 4. The state or country under whose la | iw the entity is organized is: | and the period of | duration is | *. | |
| 5. The date of organization is $\frac{11/13/2}{}$ | 020 | and the ponds of | (If left blank, dura | ation is considered perpetual.) | |
| 6. The mailing address of the entity's p | orincipal office is | El- Decisio | MN | 55344 | |
| 9749 Hamilton Road | | Eden Prairie City | State | Zip Code | |
| Street Address | | | | 1870 • CONTRACTOR | |
| 7. The street address of the entity's registered office in Kentucky is | | s Frankfort | KY | 40601 | |
| 306 W. Main Street, Suite 512 | | City | | State Zip Code | |
| Street Address (No P.O. Box Number | ors) | | | | |
| and the name of the registered agent a | at that office is CT Corpc | nation system | to a manager trustee | or deperal partners). | |
| The names and business addresse | s of the entity's representati | ives (secretary, officers and dir | ectors, managers, trustee | s of general particis). | |
| Jon Erpelding | 9749 Hamilton Road | Eden Prairie | <u>MN</u> | 55344 | |
| Name | Street or P.O. Box | City | State | Zip Code 55344 | |
| Kristen Freeman | 9749 Hamilton Road | Eden Prairie | MN State | ZIp Code | |
| Name | Street or P.O. Box | City | State | Z.p cous | |
| | Street or P.O. Box | City | State | Zip Code | |
| If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. | , all the individual sharehok fore states or territories of the | ders, not less than one half (1/2 ne United States or District of C | 2) of the directors, and all columbia to render a profe | of the officers other than the secretary ssional service described in the | |
| 10. I certify that, as of the date of filing | this application, the above | -named entity validly exists und | der the laws of the jurisdic | tion of its formation. | |
| 11. If a limited partnership, it elects to | be a limited liability limited | partnership. Check the box if | applicable: | | |
| 12. If a limited liability company, che | eck box if manager-manag | ed: | | | |
| 13. This application will be effective u | pon filing. | | | 11/4/2024 | |
| Signature of Authorized Representative | ran | Kristen Freeman - So Printed Name 8 | | Date | |
| I, C T Corporation System Type/Print Name of Registered Agent | | , consent to serve as | the registered agent on be | ehalf of the business entity. | |
| C T Corporation Syste | | Denise Bell | Assistant Secreta | ary 11/4/2024 | |

Printed Name

Signature of Registered Agent