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Elaine N. Walker, Secretary of State
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COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO 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 KRS 271B, 273, 274,275, 362 and 386 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 : [✓] profit corporation (KRS 271B). [ ] nonprofit corporation (KRS 273). [ ] professional service corporation (KRS 274). [ ] business trust (KRS 386). [ ] limited liability company (KRS 275). [ ] professional limited liability company (KRS 275). [ ] limited partnership (KRS 362).

2. The name of the entity is Intelligent InSites, Inc.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware.

5. The date of organization is 6/1/11 and the period of duration is _____.
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is

Street Address	City	State	Zip Code
102 Broadway N, Suite 200	Fargo	ND	58102

7. The street address of the entity's registered office in Kentucky is

Street Address (No P.O. Box Numbers)	City	State	Zip Code
828 Lane Allen Road, Suite 219	Lexington	KY	40504

and the name of the registered agent at that office is Incorp Services, Inc.

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Doug Burgum	102 Broadway N, #200	Fargo	ND	58102
Raymond Gruby	102 Broadway N, #200	Fargo	ND	58102
Trevor Gruby	102 Broadway N, #200	Fargo	ND	58102

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: [ ]

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
The effective date of the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.
(Delayed effective date and/or time)

Signature of Authorized Representative	Printed Name & Title	Date
[signature]	Tom Schneider, COO	6/17/2011

I, Incorp Services, Inc., consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

Signature of Registered Agent	Printed Name	Title	Date
[signature]	Janice Null on behalf of Incorp Services, Inc.	Authorized Person	6/20/11

(04/11)