

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
Secretary of State  
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**Certificate of Authority  
Foreign Business Entity**

**FBE**

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B 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.
2. The name of the entity is **Allstar Therapies, Inc.**
3. The state or country under whose law the entity is organized is **Pennsylvania**.
4. The date of organization is **10/10/1996**.
5. The mailing address of the entity's principal office is **2030 Ader Road, Jeannette, PA 15644**.
6. The street address of the entity's registered office in Kentucky is **712 Lyndon Lane, Louisville, KY 40222** and the name of the registered agent in that office is **Tim Kubistek**.
7. The names and business addresses of the entity's representatives:  
Daniel P Wukich                      2030 Ader Road, Jeannette, Pennsylvania 15644
8. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
9. This application will be effective on filing.

Signature of Authorized Representative:  
Timothy Vincent Kubistek

I, **Tim Kubistek**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

**Tim Kubistek**