Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes
Secretary of State
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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 **CD Medical Inc.**.
3. The name of the entity to be used in Kentucky is **CD Medical Inc.**.
4. The state or country under whose law the entity is organized is **Tennessee**.
5. The date of organization is **1/3/2013**.
6. The mailing address of the entity's principal office is **1444 Station Four Ln, Old Hickory, TN 37138**.
7. The street address of the entity's registered office in Kentucky is **518 Woodlake Dr, Louisville, KY 40245** and the name of the registered agent in that office is **Jeffrey A Wellkamp**.
8. The names and business addresses of the entity's representatives:

Vickie Reed	1000 Northchase Dr Ste 260, Goodlettsville, TN 37072
Chris Gaines	1444 Station Four Ln, Old Hickory, TN 37138

9. 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.
10. This application will be effective on filing.

Signature of Authorized Representative:
Vickie Reed

I, **Jeffrey A Wellkamp**, 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:

Jeffrey A Wellkamp