

State of Idaho

Office of the Secretary of State

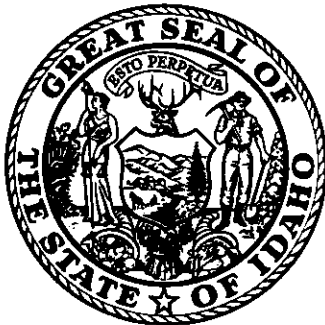
**CERTIFICATE OF AUTHORITY
OF
PURE LANGUAGE SERVICES, INC.**

File Number C 199161

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 22, 2013



Ben Yursa

SECRETARY OF STATE

By *Nida Corbus*



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2013 JUL 22 AM 9:38

SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

Pure Language Services, Inc.

2. The name which it shall use in Idaho is: Pure Language Services, Inc.

we will not do business in ID:
our Admin. Asst. works remotely
answering our KY phone and doing
KY scheduling

3. It is incorporated under the laws of: Kentucky

4. Its date of incorporation is: September 5, 2007

5. The address of its principal office is:

1785 Beacon Hill Rd. / Lexington, KY 40504

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 2414 15th Street / Lewiston, ID 83501 ~~Howe~~

and its registered agent in Idaho at that address is: Natalie Kovach

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>Danielle Kopasz</u>	<u>CEO / Pres.</u>	<u>P.O. Box 4753 / Lexington, KY 40544-475</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: July 17, 2013

Signature: _____

Typed Name: Danielle Kopasz

Capacity: CEO

[The signer must be a director or an officer of the corporation.]

Customer Acct # : _____

(If using pre-paid account)

Secretary of State use only

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form\appforauthority_profit.pmd
Revised 08/2005

IDAHO SECRETARY OF STATE
07/22/2013 05:00
CK: 2266 CT: 285547 BH: 1383811
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Web Form

C199161

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 141065
Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

PURE LANGUAGE SERVICES, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is September 5, 2007 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 17th day of July, 2013, in the 222nd year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
141065/0672862