



## FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be type Date Filed: 10/27/2021 3:38:00 PM

-FILED-

For Office Use Only

File #: 0004492826

				Bate 1 1164. 16/21/2021 6:00	.001111
1. The name of the entity is	PJ Ops Idaho, LLC				
2. The name which it shall	use in Idaho is:				
3. Select the type of entity	you wish to register:	(Enter a name he	re, only if you are required to	adopt an alternate name)	
☐ Business Corporation	☐ Ger	eral Partnership			
□ Nonprofit Corporation	☐ Nonprofit Corporation ☐ General Cooperative Association				
☐ Limited Liability Partne	☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership				
Limited Liability Comp Other:	any 🗆 Stat	utory Trust, Busine	ess Trust, or Common-l	aw Business Trust	
		er" only if your foreign o	entity type is not listed above	and enter the type here )	
Jurisdiction of formation:	<del></del>				
5. The address of its princi		de the domestic jurisdi	ction where the entity was for	med)	
1999 Richmond Road, S					
(Street Address)	Jana 000				
Lexington, Ky 40502					
(Mailing Address, if different)					
5. The address of its dome	stic principal office (if r	equired by the law	e of the jurisdiction of fo	rmation) is:	
1999 Richmond Road, S		equitor by the law	a at the junation of it	ninadony id.	
(Street Address)	ound 300	· · · · · · · · · · · · · · · · · · ·			
Lexington, Ky 40502					
(Mailing Address, if different)					
	. <b>6.1-1</b>	-b446		. 6. 1	
. The mailing address to v	vnich correspondence	snould be address	sea, it different from item	1 5, IS:	
(A.d)					
(Address)					
. Name and street addres	s of registered agent i	n Idaho:			
Corporation Service Cor	mpany 12550 W. Explo	orer Drive, Suite 10	00, Boise, ID 83713		
(Name and Address)	· · · · · · · · · · · · · · · · · · ·				
The name, capacity, and	l mailing addraga of at	least one sources	<b>.</b> .		
	_	_		16. 40500	
Tom Wylie	Manager		ond Road, Ste 300 Lexi	ngton, Ky 40502	
(Name)	(Capacity)	(Address)			
(Name)	(Capacity)	(Address)			
			S	ecretary of State use only	
Typed Name: Tom Wylie					
Typeu Haine. Ton vyne		<del></del>			
Cianalura:					
Signature:	-4====				
Capacity: Manager					
			İ		
Rev sed 01/2010					

## Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Certificate of Existence**

Authentication number: 256566

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

## PJ Ops Idaho, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 28, 2014 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 19<sup>th</sup> day of October, 2021, in the 230<sup>th</sup> year of the Commonwealth.



Michael G. Adams
Secretary of State

Commonwealth of Kentucky

Michael G. aldam

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