

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
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 273 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 **nonprofit** corporation.
2. The name of the entity is **Cascade Relief Team Inc Inc.**
3. The name of the entity to be used in Kentucky is **Cascade Relief Team Inc.**
4. The state or country under whose law the entity is organized is **Oregon.**
5. The date of organization is **9/11/2020.**
6. The mailing address of the entity's principal office is **2959 Jimtown Rd., Mayfield, KY 42066.**
7. The street address of the entity's registered office in Kentucky is **2959 Jimtown Rd., Mayfield, KY 42066** and the name of the registered agent in that office is **Marc Brooks.**
8. The names and business addresses of the entity's representatives:  

Marc Brooks	2959 Jimtown Rd., Mayfield, KY 42066
Marc Brooks	2959 Jimtown Rd., Mayfield, KY 42066
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:  
**Jordyn Rasey**

I, **Marc Brooks**, 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:

Marc Brooks