



COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

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Elaine N. Walker, Secretary of State
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Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov
Articles of Incorporation
Non-profit Corporation
NAI
Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is The Compression Institute, Inc

Article II: The purpose for which the corporation is organized To help organizations improve local quality of life

Article III: The name of the registered agent is David S. Veech

and the street address of the corporation's initial registered office in Kentucky is

325 W. Main St. Ste 150 #121 Louisville KY 40202
Street Address (No Post Office Box Numbers) City State Zip Code

Article IV: The mailing address of the corporation's principal office is

325 W. Main St. Ste 150 #121 Louisville KY 40202
Street or PO Box Number City State Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 4

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Robert W. Hall 706 33rd Street Honda TX 78861
Name Street or PO Box Number City State Zip Code

John Ward 30 W. Sterling Lake Road Tuxedo Park NY 10987
Name Street or PO Box Number City State Zip Code

Jason McVay 5515 Upton Ave. South Minneapolis MN 55410
Name Street or PO Box Number City State Zip Code

David S. Veech 1048 Briarwood Drive Lawrenceburg KY 40342
Name Street or PO Box Number City State Zip Code

Article VI: The name and mailing address of the incorporator is
David S. Veech 1048 Briarwood Dr. Lawrenceburg KY 40342
Name Street Address or Post Office Box Number City State Zip Code

Name Street Address or Post Office Box Number City State Zip Code

Name Street Address or Post Office Box Number City State Zip Code

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Incorporator David S. Veech, Sr. Advisor 5 Aug 2011
Print Name & Title Date

I, David S. Veech, consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent

Signature of Registered Agent David S. Veech, Sr. Advisor 5 Aug 2011
Print Name & Title Date