			MONWEALTH OF KENTUCKY 3. Adams, Secretary of State		6/16/2023 2:24 PM Fee Receipt: \$90.00	
Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		ificate of Authority ign Business Entity)		FBE	Ε	
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		eby applies for authority to tra	ansact business in Kentuc	cky on behalf of	the entity named below	
 The entity is a: profit corpor business true limited partn non-profit lice The name of the entity is Advanced 	st	nonprofit corporation profession limited liability company statutory tr ltd cooperative association other professional service corporation other		al limited liability company rust		
2. The name of the entity is <u>Advanced</u> (The	name must be identical to	the name on record with t	he Secretary of State.)		······································	
3. The name of the entity to be used in	Kentucky is (if applicable):	(Only provide if "real nam	er" is uppusitely for up	a. athemaica la	······································	
4. The state or country under whose la	w the entity is organized is		ne is unavailable for us	ie; otherwise, ie	ave blank.)	
. The date of organization is 03/11/1982 and the period of duration is Perpetual (If left blank, duration is considered per				lered perpetual.)		
6. The mailing address of the entity's p 1020 West County Road F	rincipal office is	St. Paul	MN	5512	.6	
Street Address		City	State	Zip C	Code	
7. The street address of the entity's reg 306 W. Main Street, Suite 512		Frankfort	_KY	40601		
Street Address (No P.O. Box Number		City		State	Zip Code	
and the name of the registered agent at				•	· · · · ·	
The names and business addresses	of the entity's representativ	les (secretary, officers and di	rectors, managers, trustee	es or general par	thers):	
SEE ATTACHMENT	Street or P.O. Box	City	City State		Zip Code	
Name	Street or P.O. Box	City	City State		Zip Code	
Name	Street or P.O. Box	City	State	Zip C	Code	
 If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio 	re states or territories of the n.	e United States or District of C	columbia to render a profe	essional service of	described in the	
10. I certify that, as of the date of filing t	his application, the above-r	named entity validly exists und	der the laws of the jurisdic	tion of its format	ion.	
11. If a limited partnership, it elects to b	e a limited liability limited pa	artnership. Check the box if a	applicable:			
12. If a limited liability company, chec	k box if manager-manage	d:				
13. This application will be effective upo	on filing.	Ellen Bradfønde Pr	posidont and Socr	otary	May 16, 2023	
Ellen Bradford Signature of Authorized Representative		Printed Name 8		Date		
		Thited Name o		Date		
I, C T Corporation System Type/Print Name of Registered Agent		, consent to serve as t	he registered agent on be	half of the busin	ess entity.	
By: Seen Churiant		AN L. EMERICK	ASSISTANT SEC	CRETARY	02/28/2023	
Signature of Registered Agent	Printe	ed Name	Title		Date	

COMMONWEALTH OF KENTUCKY

Received and Filed:

mmoore ADD

Advanced Respiratory, Inc.

Officers and Directors

Address - 1020 West County Road F, St. Paul, Minnesota 55126

	Title
Name David Bailey	Vice President
James Borzi	Vice President
Ellen K. Bradford	Vice President and Secretary
Kelli Carney	Vice President
Jr. Michael A. Cascella	Vice President
Charles Chen	Vice President
Ignacio Martinez de Lecea	Vice President
Christine Fleming	Assistant Treasurer
Christopher M. Jones	Vice President
Heather Knight	Director
Heather Knight	Vice President
Karen L. Leets	Vice President and Treasurer
James O'Connell	Authorized Official
Reaz Rasul	President
Matthew Rice	Assistant Secretary
David S. Rosenbloom	Director
Jon Rushford	Vice President
James K. Saccaro	Director
James K. Saccaro	Vice President and Chief Financial Officer
Mary Smith	Vice President
Brian Stevens	Vice President
Holly Tahvonen	Assistant Secretary
Karen Wang	Vice President
Thomas Young	Vice President