

ARTICLES OF INCORPORATION
OF
ALDERMED OF KENTUCKY, INC.
A KENTUCKY CORPORATION

KNOW ALL MEN BY THESE PRESENTS:

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE STATUTES OF THE STATE OF KENTUCKY, PURSUANT TO KRS 14A AND KRS 271B,

DOES HEREBY CERTIFY THAT:

FIRST: THE NAME OF THE CORPORATION SHALL BE:

ALDERMED OF KENTUCKY, INC.

SECOND: THE CORPORATION IS AUTHORIZED TO ISSUE ONLY ONE CLASS OF SHARES WITH ALL RELATIVE RIGHTS AND RESTRICTIONS BEING EQUAL. THE TOTAL NUMBER OF SHARES THAT THE CORPORATION HAS AUTHORITY TO ISSUE IS ONE HUNDRED THOUSAND (100,000).

THIRD: THE STREET ADDRESS OF THE CORPORATIONS INITIAL REGISTERED OFFICE IN THE STATE OF KENTUCKY IS 167 PEACH ORCHARD CIRCLE, FISHERVILLE, KENTUCKY 40023. THE INITIAL REGISTERED AGENT AT SAID OFFICE IS TO BE DON CUNDIFF III.

FOURTH THE MAILING ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE IS 204 WEST SPEAR STREET #3105 IN CARSON CITY, NEVADA 89703.

FIFTH THE NAME AND ADDRESS OF THE INCORPORATOR IS:

DON HARMER
204 WEST SPEAR STREET #3105
CARSON CITY, NEVADA 89703

SIXTH: THE FIRST BOARD OF DIRECTORS OF THIS CORPORATION SHALL
CONSIST OF ONE MEMBER AND THE NAME AND ADDRESS OF THE INITIAL DIRECTOR IS:

LARRY FINDLETON
204 WEST SPEAR STREET #3105
CARSON CITY, NEVADA 89703

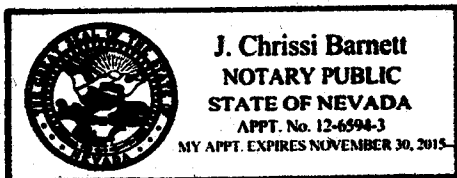
SEVENTH: THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY
LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE
STATUTES OF KENTUCKY OTHER THAN THE BANKING BUSINESS, THE TRUST BUSINESS OR
THE PRACTICE OF A PROFESSION REQUIRING LICENSING BY THE STATE OF KENTUCKY.

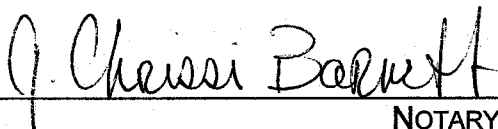
THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER
THE LAWS OF THE STATE OF KENTUCKY, DO MAKE, FILE AND RECORD THIS CERTIFICATE,
AND DO CERTIFY THAT THE FACTS HEREIN STATED ARE TRUE AND I HAVE ACCORDINGLY
HEREUNTO SET MY HAND AND SEAL THIS 18TH DAY OF SEPTEMBER, 2012.


DON HARMER, INCORPORATOR

STATE OF NEVADA }
 : SS.
CARSON CITY }

ON THIS 20TH DAY OF SEPTEMBER, 2012 PERSONALLY APPEARED BEFORE ME,
J. CHRISSI BARNETT, A NOTARY PUBLIC, DON HARMER, WHO ACKNOWLEDGED THAT HE EXECUTED THE
ABOVE INSTRUMENT.




NOTARY PUBLIC



(775) - 883 - 2723
(877) - 287 - 3256

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Statement of Consent of Registered Agent
(Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is
- ☒ a corporation (KRS 271B, KRS 273 or KRS 274)
 - ☐ a limited liability company (KRS 275)
 - ☐ a limited partnership (KRS 362)
 - ☐ a limited liability partnership (KRS 362)
 - ☐ a business trust (KRS 386)

2. The name of the business entity is AlderMed of Kentucky, Inc.

3. The state or country of incorporation, organization or formation is Kentucky

4. The name of the initial registered agent is Don Cundiff III

5. The street address of the registered office address in Kentucky is:

167 Peach Orchard Circle Fisherville KY 40023
Street Address (No Post Office Box Numbers) City State Zip Code

6. 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 declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

[Signature] Don Cundiff III Registered Agent
Signature of Registered Agent Printed Name Title