

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1313820 1313820

Michael G. Adams
KY Secretary of State
Received and Filed

10/9/2023 1:11:47 PM

Fee receipt: \$90.00

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

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 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 business entity is a **nonprofit corporation**.
2. The name of the entity is: **DEACONESS HEALTH SYSTEM, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Indiana**.
5. The date of organization is **4/15/1982** and the period of duration is **perpetual**.

7. Principal Office

600 Mary St.
Evansville, IN 47747

8. Required Representatives

Officer	Shawn McCoy	600 Mary St.	Evansville	IN	47747
----------------	-------------	--------------	------------	----	-------

9. Registered Agent/Office

C T Corporation System
306 W Main St.
Frankfort, KY 40601

I, **Linda Stauffer, Assistant Secretary**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.
on Monday, October 9, 2023

As the Authorized Representative, I, **Shawn McCoy**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **CEO**