

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

N101
1417124.09
Michael G. Adams
Secretary of State
Received and Filed
12/24/2024 12:00:00 AM
Fee receipt: \$90

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 entity is a **nonprofit corporation**.

2. The name of the entity is

Valley Health Louisa Eye Care

3. The name of the entity to be used in Kentucky is

Valley Health Louisa Eye Care Inc.

4. The state or country under whose law the entity is organized is **West Virginia**.

5. The date of organization is **8/26/1975** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

112 N Vinson Ave, Louisa, KY 41230

7. The name of the initial registered agent is

Valley Health Systems Inc

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

4290 Us Route 60, Huntington, WV 25705

8. The names and business addresses of the entity's representatives:

Accountant	Valley Health Systems Inc	4290 Us Route 60, Huntington, WV 25705
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Officer	Valley Health Systems Inc	4290 Us Route 60, Huntington, WV 25705
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Authorized Rep	Valley Health Systems Inc	4290 Us Route 60, Huntington, WV 25705
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Registered Agent	Elaine DeSario	112 N Vinson Ave, Louisa, KY 41230
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9. This filing will be effective on **Tuesday, December 24, 2024**.

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

Signature of individual signing on behalf of **Authorized Rep:**
Elizabeth Blair

I, **Elaine DeSario**, consent to sign for **Valley**
who serves as the Registered Agent on behalf of
Tuesday, December 24, 2024.

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