

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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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 **limited liability company**.
2. The name of the entity is: **MIDWEST BEHAVIORAL HEALTH, LLC**
3. The state or country whose law the entity is organized is **Indiana**.
4. The date of organization is **5/18/2010** and the period of duration is **perpetual**.
5. This entity is managed by Managers

**6. Principal Office**

10655 NE 4th St, Ste 701  
Bellevue, WA 98004

**7. Required Representatives**

<b>Manager</b>	Anisha Patel-Dunn	4800 N. Scottsdale Rd, Ste 6000	Scottsdale	AZ	85251
<b>Manager</b>	Ryan Pardo	4800 N. Scottsdale Rd, Ste 6000	Scottsdale	AZ	85251
<b>Manager</b>	Warren Gouk	4800 N. Scottsdale Rd, Ste 6000	Scottsdale	AZ	85251

**8. Registered Agent/Office**

Corporation Service Company  
421 W Main Street  
Frankfort, KY 40601

I, **Adam Roush**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, November 8, 2023

As the Authorized Representative, I, **Ryan Pardo**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Chief Legal Officer**