

## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

	Articles of Orga Limited Liability			KLC
,302)304-3480				
www.sos.ky.gov				
 Pursuant to KRS 14A and KRS 275,	the undersigned a	oplies to qualify and for that p	urpose submits th	ne following statemen
Article I: The name of the limited lial		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>.</b>
Healthy Practices, LLC	binty company is			
Article II: The street address of the I	limited liability comp	· _ *		40.400
803 Colleton Court		Berea	KY	40403
Street Address Only (No Post Office Box N	lumbers)	City	State	Zip Code
and the name of the initial registered	d agent at that office	<sub>, is</sub> Tonya L. Cummi	ngs	
Article III: The mailing address of th	e limited liability co	mpany's initial principal office	is	
P. O. Box 1924	o minos naisming oo	Richmond	KY	40476
Street Address or Post Office Box Number	r	City	State	Zip Code
A. a manager(s).  B. its member(s).  Article V: This application will be effective date can		•	•	09/45/201
				(Delayed elfective date and/or time
I/We declare under penalty of perjur	y under the laws of	the state of Kentucky that the	foregoing is true	and correct.
Jone X. Cliv	nining)	Tonya L. Cummin	gs, Member	<b>⊢</b> 08/15/2011
Signature of Organizer	J	Printed Name & Title		Dato
Bridget E. Mc Go	veu	Bridget E. McGoveri	<u>1. Membe</u>	<u> </u>
Signature of Ørganizer		Printed Name & Title		Date
Tanua I Cumminas		_, consent to serve as the registered	agent on behalf of the	e limited liability company
Tonya L. Cummings		_, consent to serve as the registered	agent the benefit to the	
Print/Name of Registered Agent	mm is	Tonya L. Cummin		/15/2011