

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1290241
Michael G. Adams
KY Secretary of State
Received and Filed

6/23/2023 2:19:54 PM

Fee receipt: \$90.00

L902

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: **TRILOGY HEALTHCARE OF DANVILLE, LLC**
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 **Delaware**.
5. The date of organization is **6/1/2023** and the period of duration is **perpetual**.
6. This entity is managed by Members

7. Principal Office

303 N. Hurstbourne Parkway
Suite 200
Louisville, KY 40222

8. Required Representatives

Member	Leigh Ann Barney	303 N. Hurstbourne Pkwy Ste 200	Louisville	KY	40222
Member	David W. Davis	303 N. Hurstbourne Pkwy Ste 200	Louisville	KY	40222
Member	Gregory A. Conner	303 N. Hurstbourne Pkwy Ste 200	Louisville	KY	40222

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Alix Anast, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Friday, June 23, 2023

As the Authorized Representative, I, **Gregory A. Conner**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Person**