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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/10/2023 1:04 PM Fee Receipt: \$90.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Pursuant to the provisions of KRS 14A ~ 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: profit corporation professional limited liability company statutory trust limited partnership lit do coperative association public benefit corporation public benefit corporation professional service corporation professional service corporation professional limited liability company statutory trust limited partnership lit do coperative association public benefit corporation professional service cor	Division of Business Filings		Certificate of Authority		FBE
### ### ### ### ### ### ### ### ### ##	P.O. Box 718 Frankfort, KY 40602	(1	Foreign Business Entity)		
Pursuant to the provisions of KRS 14A – 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:					
and, for thal purpose, submits the following statements: 1. The entity is a:	www.sos.ky.gov				
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business trust			d hereby applies for authority to transact	business in Kentucky	on behalf of the entity named below
business trust	1 The entity is a: profit corr	noration	popprofit corporation	nrofessional li	mited liability company
Imited partnership Indicooperative association public benefit corporation other			''''' ' '		
non-profit lic		Г			
2. The name of the entity is Main Street Rural Health LLC (The name must be Identical to the name on record with the Secretary of State.) 3. The name of the entity to be used in Kentucky is (if applicable): (Only provide if "real name" is unavailable for use; otherwise, leave blank.) 4. The state or country under whose law the entity is organized is Tennessee 5. The date of organization is	 '	·	<u>"""-" </u>	<u> </u>	corporation
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and the period of duration is (If left blank, duration is considered perpetual.) 6. The mailing address of the entity's principal office is 928 Man Street Nashville TN 37208 State Zip Code 7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road, Suite 219 Lexington KY 40504 State Zip Code 7. The street address of the entity's registered office in Kentucky is 828 Lane Allen Road, Suite 219 Lexington KY 40504 State Zip Code and the name of the registered agent at that office is Cogency Global Inc. 8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners): Bennet Graham 900 Main Street Nashville TN 37206 Name Street or P.O. Box City State Zip Code Main Street Rural, Inc. 900 Main Street Nashville TN 37206 Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code Name Street or P.O. Box City State Zip Code 9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation. 10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation. 11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:	4. The state or country under whose	law the entity is organiz	,		
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	Signature of Registered Agent	1 or savour 1 and	Printed Name	Title	Date