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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/30/2024 2:55 PM Fee Receipt: \$0.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| Form: INT | Interrogatories | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
|---|--|---|
| Business Filings Division P.O. Box 718 Frankfort, KY, 40602 | Entity Name: Transplant Management Group, L.L.C. | Z Barry |
| (502) 564-3490 (502) 564-5687 (fax) | Organization Number: 0852553 | |
| www.sos.ky.gov | Mailing Date: October 30, 2024 | This space for use by Secretary of State |

The Secretary of State of the Commonwealth of Kentucky has reason to believe that the entity listed above (the Entity), filed of record with the Office of the Secretary of State, is subject to the provisions of KRS Chapter 14A. The Secretary of State hereby propounds the following written interrogatories pursuant to KRS 14A.1-030 and KRS 14A.1-040 in order to ascertain whether the Entity is subject to the provisions of KRS Chapter 14A and is in compliance therewith. These Interrogatories are propounded to the Entity at the Entity's principal office address of 1 Ironwood Lane Brentwood TN 37027 and shall be answered by any person authorized to answer on behalf of the Entity within thirty (30) days from the date of mailing listed above.

Answers shall be made in writing and under oath subject to the penalties that may be imposed by KRS 14A.1-050 and 14A.9-020. If you cannot answer these Interrogatories in full after exercising due diligence to secure the information to do so, so state and answer to the extent possible, specifying your inability to answer the remainder, by stating whatever information or knowledge you have concerning the unanswered portion and detailing what you did in attempting to secure the unknown information.

As used in these Interrogatories, "entity", "foreign entity", and "person" have the same meanings as set forth in KRS 14A.1-070. The terms "certificate of authority", "certificate of revocation", "revoke", "revocation", "transact business" and "transacting business" have the same meaning as those terms are used in KRS 14A, Subchapter 9.

INTERROGATORY NO. 1: As to the person(s) answering these Interrogatories, state:

- (a) Your name and any other names by which you have been known;
- (b) Your title or position with the Entity, if any;
- (c) Residence address;
- (d) Business address; and

(e) Length of time employed by, or acting as an agent or officer for the Entity, if applicable;

ANSWER:

- (a) Christine Marshall
- (b) Director of Operations
- (c) 8307 Acuff Lane, Lenexa, Kansas 66215
- (d) 1 Ironwood Lane, Brentwood, Tennessee 37027
- (e) 21 years

INTERROGATORY NO. 2: State the business relationship between the person answering these interrogatories and the Entity, if any.

ANSWER:

Officer of the Entity; started working with Entity in 2003 and currently the Director of Operations

INTERROGATORY NO. 3: The Entity is a foreign entity that was authorized to do business in Kentucky pursuant to a certificate of authority filed of record on March 14, 2013. That certificate of authority was revoked by a certificate of revocation filed of record on September 30, 2014. Please describe with particularity and by specific dates any and all payments, income, and activities performed by or on behalf of the Entity in Kentucky, if any, from the date the certificate of authority was filed until the date of revocation.

ANSWER:

The University of Kentucky Medical Center (UKMC) contracted with the Entity in March 2013. The scope of services for that contract was a financial review of the solid organ transplant programs for a fee of \$124,000 plus travel expenses. The Entity's consulting team was onsite at UKMC for two days in May 2013. The rest of the financial review was completed virtually by March 2014.

Entity involced UKMC and was paid by UKMC as follows:

Initial invoice for half of project rate: \$62,000 invoiced 03/22/2013; paid by UKMC on 07/11/2013

Final invoice for remaining half of project rate plus travel expenses: \$67,085.78 invoiced on 03/05/2014; paid by UKMC on 05/23/2014

INTERROGATORY NO. 5: Please describe with particularity and by specific dates any and all payments, income, and activities performed by or on behalf of the Entity in Kentucky, if any, after the date the certificate of revocation was filed.

ANSWER:

Entity has not worked in Kentucky or earned any income in/from Kentucky since the date the certificate of revocation was filed. The last activity was the Entity's receipt of the final invoice payment from UKMC as listed in number 4 above.

| Signature of Answering Party: Christine Marshall Date of Signature: 10/30/2024 |
|---|
| State of Kansus County of Solven |
| Signed and sworn to, or affirmed, before me this 30 day of 0cfb (c), 20 2 4 by the Answering Party listed above. |
| Notary Public Signature KAMNA SOOD Notary Public State of the state |
| Printed Name of Notary Public My Commission Expires: NAMINA SOOD Notary Public-State of Kansas My Appt. Expires 070 120 25 |

The undersigned, being first duly sworn, acknowledges that the Secretary of State may take administrative action as a result of these answers and declares, under penalty of periury, that the answers and information provided berein are true and correct