

1257965.06 Michael G. Adams

Received and Filed:

Kentucky Secretary of State

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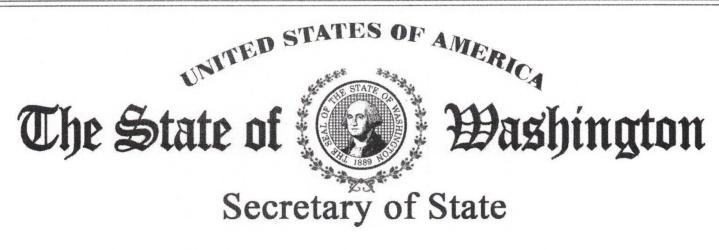
COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

WICHAEL G. ADAMS, SECRETARY OF STATE				2/3/2023 2:39 PM Fee Receipt: \$90.00	
Division of Business Filings 2.O. Box 718 Frankfort, KY 40602 502) 564-3490 www.sos.ky.gov		Certificate of Authority (Foreign Business Entity)			
Pursuant to the provisions of KRS 1 and, for that purpose, submits the fo	4A – 030 the undersigned hereby a llowing statements:	applies for authority to transact bu	usiness in Kentuck	y on behalf of the entity named below	

. The entity is a: profit corp	procession and	the second se		al limited liability company	
busine limited	parrows	X limited liability company statutory tr		ist	
		Itd cooperative association other			
non-profit		essional service corporation			
The name of the entity is MHS E	Employees, LLC he name must be identical to the	name on report with the Case	tany of State 1	······································	
		name on record with the Secre	etary of State.)		
. The name of the entity to be used	in Kentucky is (if applicable):	inly provide if "real name" is u		athanuisa lagua blank i	
. The state or country under whose			lavallable for use	, otherwise, leave blank.)	
. The date of organization is 11/12		and the period of duration	ie		
			(If left blank, dura	ation is considered perpetual.)	
. The mailing address of the entity	s principal office is	T		00415	
O Box 5299, MS 820-4-LEG		Tacoma	WA State	98415 Zip Code	
		City	State	Zip Code	
. The street address of the entity's	registered office in Kentucky is	- 10		40(0)	
06 W. Main Street, Suite 512 treet Address (No P.O. Box Num	h a wa 1	Frankfort	<u>KY</u>	40601 State Zip Code	
	an ang ma	City			
ind the name of the registered agen	it at that office is <u>CT Corporatio</u>	n System		· · · · · · · · · · · · · · · · · · ·	
. The names and business addres	ses of the entity's representatives (secretary, officers and directors,	managers, trustee:	s or general partners):	
AultiCare Health System, Member	820 A Street	Tacoma	WA	98402	
ame	Street or P.O. Box	City	State	Zip Code	
lame	Street or P.O. Box	City	State	Zip Code	
lame	Street or P.O. Box	City	State	Zip Code	
and treasurer are licensed in one or statement of purposes of the corpor	more states or territories of the Un ation.	ted States or District of Columbia	to render a profes		
10. I certify that, as of the date of fili	ng this application, the above-name	ed entity validly exists under the la	aws of the jurisdict	ion of its formation.	
1. If a limited partnership, it elects	to be a limited liability limited partne	ership. Check the box if applicab	le:		
2. If a limited liability company, cl	heck box if manager-managed:				
13. This application will be effective	upon filing.				
1/h.	Mi	N GAMI ST	erre tau	1 02/02/20:	
Signature of Authorized Representativ	10	Printed Namp & Title	takan tahun di tahun karata sa	Date t	
C T Corporation System,				-	
Type/Print Name of Registered Ager	at	, consent to serve as the regis	tered agent on bel	nair of the business entity.	

 C T Corporation System,
 Joe Davis
 Assistant Secretary
 02/03/2023

 By:
 Description
 Printed Name
 Title
 Date



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MHS EMPLOYEES, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/12/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/02/2023 UBI Number: 604 673 925



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Atu R Hohlie

Steve R. Hobbs, Secretary of State Date Issued: 02/02/2023