



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.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 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:

- The entity is a:

<input type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation	<input type="checkbox"/> professional limited liability company
<input type="checkbox"/> business trust	<input checked="" type="checkbox"/> limited liability company	<input type="checkbox"/> statutory trust
<input type="checkbox"/> limited partnership	<input type="checkbox"/> ltd cooperative association	<input type="checkbox"/> other
<input type="checkbox"/> non-profit llc	<input type="checkbox"/> professional service corporation	
- The name of the entity is MHS Employees, LLC
(The name must be identical to the name on record with the Secretary of State.)
- 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.)
- The state or country under whose law the entity is organized is Washington
- The date of organization is 11/12/2020 and the period of duration is _____
(If left blank, duration is considered perpetual.)
- The mailing address of the entity's principal office is

<u>PO Box 5299, MS 820-4-LEG</u>	<u>Tacoma</u>	<u>WA</u>	<u>98415</u>
Street Address	City	State	Zip Code
- The street address of the entity's registered office in Kentucky is

<u>306 W. Main Street, Suite 512</u>	<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
Street Address (No P.O. Box Numbers)	City	State	Zip Code

 and the name of the registered agent at that office is C T Corporation System
- The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

MultiCare Health System, Member	<u>820 A Street</u>	<u>Tacoma</u>	<u>WA</u>	<u>98402</u>
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
- 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: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Signature of Authorized Representative: [Signature] Printed Name & Title: Mark Gary Secretary Date: 02/02/2023

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Joe Davis Assistant Secretary Date: 02/03/2023
Signature of Registered Agent Printed Name Title Date

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

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

Steve R. Hobbs, Secretary of State

Date Issued: 02/02/2023