

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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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: **COMPASSUS BSMH LOURDES HOSPICE HOLDCO, LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **2/15/2024** and the period of duration is **perpetual**.  
This Filing is Effective on Friday, March 15, 2024
5. This entity is managed by Members

**6. Principal Office**

225 Medical Center Dr, STE 203  
Paducah, KY 42003-7907

**7. Registered Agent/Office**

C T Corporation System  
306 West Main Street Suite 512  
Frankfort, KY 40601

I, **Davis Wescott**, consent to sign for **C T Corporation System** who serves as the **Registered Agent** on behalf of this Entity.  
on Friday, March 15, 2024

As the Authorized Representative, I, **John M. Starcher, Jr**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**