Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Certificate of Authority**

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 profit corporation.
- 2. The name of the entity is: MEDBRIDGE, INC.
- 3. The name of the entity to be used in Kentucky is (if applicable): N/A
- 4. The state or country whose law the entity is organized is Washington.
- 5. The date of organization is 8/17/2023 and the period of duration is perpetual.

## 7. Principal Office

10900 NE 4th St. Suite 2300 Bellevue, WA 98004

## 8. Registered Agent/Office

Registered Agents Inc 212 N. 2nd Street, STE 100 Richmond, KY 40475

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.

on Friday, August 18, 2023

As the Authorized Representative, I, **Daniel Valladao**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary** 

Michael G. /..... KY Secretary of State Received and Filed 8/18/2023 12:47:31 AM Fee receipt: \$90.00

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