

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organi Limited Liability C			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned app	olies to qualify and for that	purpose submits the	following statements:
Article I: The name of the limited	d liability company is			
Cetna Central Appala	chia, LLC			
Article II: The street address of	the limited liability compa	any's initial registered office	in Kentucky is	
429 13th Street		Ashland	KY	41101
Street Address Only (No Post Office E	City	State	Zip Code	
and the name of the initial registe	ered agent at that office i	_s Jonathan E. Lett		
Article III: The mailing address of				
P.O. Box 1360	•	Ashland	KY	41105
Street Address or Post Office Box Nu	mber	City	State	Zip Code
Article IV: The limited liability co A. a manager(s). B. its member(s).	mpany is to be managed	by (must check one):		
Article V: This application will be	e effective upon filing, un	less a delayed effective da	te and/or time is pro	vided. The effective
date or the delayed effective date	e cannot be prior to the c	date the application is filed.	The date and/or tin	me is
I/We declare under penalty of pe	rjury under the laws of th	ne state of Kentucky that th	e foregoing is true a	and correct.
Cacho Tuld		Jackie Fields, Member 11/4/14		
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
Jonathan E. Lett Print Name of Registered Agent		consent to serve as the registered	d agent on behalf of the l	imited liability company.
Signalure of Registered Agent	7 -	Printed Name	Date	7/1/