

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE Michael G. Adams Kentucky Secretary of State Received and Filed: 5/18/2023 2:38 PM Fee Receipt: \$90.00

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| Division of Business P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | Filings | | tificate of Authoria eign Business Entity | | FBE | |
|---|-----------------------|--|--|---|--|--|
| Pursuant to the provisi and, for that purpose, | | | reby applies for authorit | y to transact business in Ken | tucky on behalf of the entity named below | |
| 1. The entity is a: | profit corpora | tion X | nonprofit corporation | profess | professional limited liability company | |
| | business trus | | limited liability company | | statutory trust | |
| limited partne non-profit IIc | | ership | Itd cooperative association | | public benefit corporation | |
| | | | professional service corporation | | other | |
| 2. The name of the en | tity is Geisinger | Clinic | | | | |
| | (The I | name must be identical | to the name on record | with the Secretary of State. |) | |
| 3. The name of the en | tity to be used in | Kentucky is (if applicable) | Geisinger Clinic In | | | |
| | | | | al name" is unavailable for | use; otherwise, leave blank.) | |
| | | v the entity is organized is | Pennsylvania | | · · | |
| 5. The date of organization is 03/01/1962 and the period of duration is perpetual | | | | | | |
| 6. The mailing addres | s of the entity's pr | incipal office is | | (in fort blank, | | |
| 100 N. Academy A | ve. | | Danville | | 17822 | |
| Street Address | | | City | State | Zip Code | |
| | | istered office in Kentucky | | | | |
| 306 W. Main Street, Suite 512 Street Address (No P.O. Box Numbers) | | | Frankfo | | 40601 | |
| | | - / | i' C | City | State Zip Code | |
| and the name of the re | egistered agent at | that office is C T Corpo | oration System | | | |
| 8. The names and but | siness addresses | of the entity's representat | ives (secretary, officers | and directors, managers, trus | itees or general partners): | |
| Jeffrey A. Jacobsor | n, Chair | 100 N. Academy Ave | Danvill | e PA | 17822 | |
| Name | | Street or P.O. Box | City | State | Zip Code | |
| Chris Holcombe, V | ice Chair | 100 N. Academy Ave | | and the second se | 17822 | |
| Name Designed K. Chu | | Street or P.O. Box | City | e PA | Zip Code 17822 | |
| Benjamin K. Chu Name | | 100 N. Academy Ave Street or P.O. Box | e Danvill City | E PA State | Zip Code | |
| and treasurer are licer statement of purposes | of the corporation | re states or territories of th n. | ne United States or Distri | ict of Columbia to render a pr | all of the officers other than the secretary ofessional service described in the | |
| | | | | sts under the laws of the juris | diction of its formation. | |
| 11. If a limited partners | ship, it elects to be | e a limited liability limited | partnership. Check the | box if applicable: | | |
| 12. If a limited liability | company, check | box if manager-manag | ed: | | | |
| 13. This application wi | Il be effective upo | n filing. | | | | |
| Ser ?? | | | Lori Gramley, Secretary | | May 17, 2023 | |
| Signature of Authorized | Representative | | Printed N | ame & Title | Date | |
| 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: C T Sorp | oration System | MALS She | rry McGinnes | Assistant Secre | tary 5/18/2023 | |
| Signature of Registered | | | ted Name | Title | Date | |

<u>BOARD OF DIRECTORS -</u>100 N. Academy Ave. Danville, PA 17822 Virginia McGregor Jaewon Ryu Gerald Maloney Matthew Walsh

<u>OFFICERS -</u>100 N. Academy Ave. Danville, PA 17822 Jaewon Ryu, President Kevin V. Roberts Treasurer Steven Bender Secretary Lori R. Gramley Assistant Secretary