

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

LAOO

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Articles of Organization**  
**Limited Liability Company**

**KLC**

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

**IMPACT HEALTH MANAGEMENT OF LEXINGTON LLC**

Article II: The name of the initial registered agent is

**Nathan Petersburg**

and the street address of the entity's initial registered office in Kentucky is

**2220 Nicholasville Rd., Lexington, KY 40513**

Article III: The mailing address of the entity's principal office is

**2220 Nicholasville Rd., Lexington, KY 40513**

Article IV: This entity is managed by **Managers**.

This filing will be effective on **Friday, August 16, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Organizer: Nathan Petersburg**

I, **Nathan Petersburg**, consent to serve as the Registered Agent on behalf of this entity on Friday, August 16, 2024.