

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

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Michael G. Adams  
KY Secretary of State

Received and Filed

10/26/2022 12:00:00 AM

Fee receipt: \$134.00

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**

**RCA**

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 nonprofit corporation.
2. The name of the entity is: INDIANA HEALTH INFORMATION EXCHANGE, INC.
3. The name of the entity to be used in Kentucky is (if applicable):
4. It is an entity organized and existing under the laws of the state of Indiana.
5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

**Principal Office**

846 NORTH SENATE AVENUE  
SUITE 300  
INDIANAPOLIS, IN 46202

**Registered Agent Name/Address**

CT CORPORATION SYSTEM  
306 WEST MAIN STREET  
SUITE 512  
FRANKFORT, KY 40601

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Alisa Kuehn on 10/26/2022

7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. CT CORPORATION SYSTEM on 10/26/2022