

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 Organizati Limited Liability Com	pany		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 New Life Clinic, LC	d liability company is			
400 West Market Officer, Sull 12, 1800			Kentucky	40202
Street Address Only (No Post Office Box Numbers)		National Register	State red Agents, Inc	Zip Code
and the name of the initial registered agent at that office is				
Article III: The mailing address of the limited liability company's initial principal office is				
1604 Mundys Landing		Versailles	Kentucky	40383 Zip Code
Street Address or Post Office Box Number		City	State	ZID Code
Article IV: The limited liability company is to be managed by (must check one): A. a manager(s). B. its member(s). Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)				
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Mason Routt Chief Executive 8/29/2012				
Signature of Organizer	or a d	IASON KOUTT CNICT nted Name & Title	Executive	Date
Signature of Organizer	Pri	nted Name & Title		Date
National Registered Agents, Inc., consent to serve as the registered agent on behalf of the limited liability company.				
Print Name of Registered Agent		ba meager, recident control		2012
Signature of Registered Agent	Pri	nted Name	Date	

(01/12)