

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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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

FBE

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 **limited liability company**.
2. The name of the entity is: **BRIGHTREE HOME HEALTH & HOSPICE LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **3/22/2002** and the period of duration is **perpetual**.
6. This entity is managed by Managers

7. Principal Office

c/o MatrixCare Inc. 1550 American Blvd. East, 9th Floor
Bloomington, MN 55425

8. Required Representatives

Manager	Michael J Rider	9001 Spectrum Center Blvd.	San Diego	CA	92123
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9. Registered Agent/Office

Corporation Service Company
421 West main Street
Frankfort, KY 40601

I, **Melissa Lemus**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, August 15, 2023

As the Authorized Representative, I, **Michael J. Rider**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**