

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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 entity is a **limited liability company**.
2. The name of the entity is
RURAL HEALTH PAIN MANAGEMENT LLC
3. The state or country under whose law the entity is organized is **Missouri**.
4. The date of organization is **1/8/2020** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
6998 WOODLAND MEADOWS DR, POPLAR BLUFF, MO 63901
6. The name of the initial registered agent is
JEREMY DAVES
and the street address of the entity's initial registered office in Kentucky is
2485 KY 644, LOUISA, KY 41230
7. The names and business addresses of the entity's representatives:

Member	MARK CLARK	6998 WOODLAND MEADOWS DR, POPLAR BLUFF, MO 63901
Member	JEREMY DAVES	6998 WOODLAND MEADOWS DR, POPLAR BLUFF, MO 63901
8. This entity is managed by **Managers**.
9. This filing will be effective on **Thursday, August 8, 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 **MEMBER: JEREMY DAVES**

I, **JEREMY DAVES**, consent to serve as the Registered Agent on behalf of this entity on Thursday, August 8, 2024.