Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of St

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Alison Lundergan Grimes
Secretary of State
Received and Filed
10/15/2015 12:00:00 AM
Fee receipt: $90.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Authority
Foreign Business Entity

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 275 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 **profit** limited liability company.
2. The name of the entity is **river Health Systems LLC**.
3. The name of the entity to be used in Kentucky is **River Health Systems LLC**.
4. The state or country under whose law the entity is organized is **West Virginia**.
5. The date of organization is **4/9/2009**.
6. The mailing address of the entity's principal office is **1212 Bath Avenue Skyview Towers, Suite 525, Ashland, KY 41101**.
7. The street address of the entity's registered office in Kentucky is **1212 Bath Avenue Skyview Towers, Suite 525, Ashland, KY 41101** and the name of the registered agent in that office is **River Health Systems dba Right at Home**.
8. The names and business addresses of the entity's representatives:

River Health Systems dba Right at Home 1212 Bath Avenue Skyview Towers, Suite 525, Ashland, KY 41101

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9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
10. This application will be effective on filing.

Signature of Authorized Representative:
Cathy Sue Queen

I, **River Health Systems dba Right at Home**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Cathy Sue Queen

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