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Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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

Statement of Change of  
Registered Office, Registered  
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

**KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC.**

which is organized in the state of Kentucky, and for that purpose submits the following statements:

**1. Name of current registered agent**

RUTH WOOLUM

**2. Registered agent is hereby changed to:**

KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC.

**3. Address of current registered office**

421 MEMORIAL DRIVE  
HAZARD, KY 41701

**4. Registered office is hereby changed to:**

421 MEMORIAL DRIVE  
HAZARD, KY 41701

**5. Signature of officer or chairman of the board**

ELLEN NAPIER, CEO  
Signature and Title

Type or print name and title

3/18/2016 6:40 PM  
Date

**6. Consent of new agent**

I consent to serve as the new registered agent on behalf of this corporation.

ELLEN NAPIER  
Signature and Title

Type or print name and title