

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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1174589.09

Michael G. Adams

Secretary of State

Received and Filed

10/26/2021 5:58:35 PM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
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**Certificate of Authority
Foreign Business Entity**

FBE

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 273 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 **nonprofit** corporation.
2. The name of the entity is **Cancer Pathways Midwest, Inc..**
3. The name of the entity to be used in Kentucky is **Cancer Pathways Midwest, Inc..**
4. The state or country under whose law the entity is organized is **Indiana**.
5. The date of organization is **2/8/2008**.
6. The mailing address of the entity's principal office is **5740 Vogel Rd, Evansville, IN 47715**.
7. The street address of the entity's registered office in Kentucky is **4064 Shady Hollow Dr, Henderson, KY 42420** and the name of the registered agent in that office is **Sarah Link Hardy**.
8. The names and business addresses of the entity's representatives:

Amy Salmon 14111 Browning Rd, Evansville, IN 47725
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:

Sarah Link Hardy

I, **Sarah Link Hardy**, 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:

Sarah Link Hardy