

State of Idaho

Office of the Secretary of State

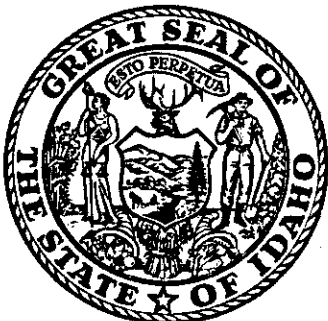
**CERTIFICATE OF AUTHORITY
OF
SOUTHERN HOME CARE SERVICES, INC.**

File Number C 171931

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

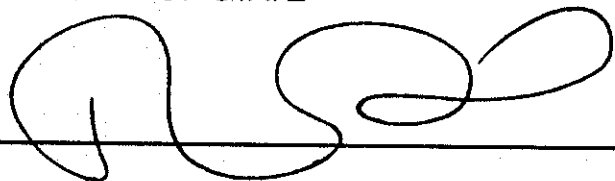
Dated: March 12, 2007



Ben Yursa

SECRETARY OF STATE

By



202



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

07 MAR 12 PM 4:35

The undersigned Corporation applies for a Certificate of Authority and states as follows:

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the corporation is:

Southern Home Care Services, Inc.

2. The name which it shall use in Idaho is: _____

3. It is incorporated under the laws of: Georgia4. Its date of incorporation is: 07/28/1980

5. The address of its principal office is:

10140 Linn Station Road, Louisville, KY 40223 - ATTN: General Counsel

6. The address to which correspondence should be addressed, if different from item 5, is:

7. The street address of its registered office in Idaho is: 300 North 6th Street, Boise, Idaho 83702and its registered agent in Idaho at that address is: CT Corporation System

8. The names and respective business addresses of its directors and officers are:

Name

Office Held

Business Address

see attached list.Dated: 3-6-07Signature: Mary D. PetersTyped Name: MARY D. PETERSCapacity: Assistant Secretary

(The signor must be a director or an officer of the corporation.)

Customer Acct #:

(If using pre-paid account)

Secretary of State use only

 IDAHO SECRETARY OF STATE
 03/13/2007 05:00
 CK: 94108 CT: 20168 BH: 1839339
 1 @ 100.00 = 100.00 AUTH PRO # 2
 1 @ 20.00 = 20.00 EXPDITE C # 3

IDAHO SECRETARY OF STATE

03/13/2007 05:00

CK: 94108 CT: 20168 BH: 1839339

1 @ 100.00 = 100.00 AUTH PRO # 2

1 @ 20.00 = 20.00 EXPDITE C # 3

C171931

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SOUTHERN HOME CARE SERVICES, INC.

OFFICERS & DIRECTORS

OFFICERS

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
President	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Vice President	Allen G. Marchetti	519 Johnson Ferry Road	Marietta	Georgia	30068
Assistant Secretary	David S. Waskey	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Secretary	Mary D. Peters	10140 Linn Station Road	Louisville	Kentucky	40223
Treasurer/Secretary	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	David W. Miles	10140 Linn Station Road	Louisville	Kentucky	40223
Assistant Treasurer	D. Ross Davison	10140 Linn Station Road	Louisville	Kentucky	40223

BOARD OF DIRECTORS

	<u>NAME</u>	<u>STREET</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
Director	Ralph G. Gronefeld, Jr.	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Katherine W. Gilchrist	10140 Linn Station Road	Louisville	Kentucky	40223
Director	Allen G. Marchetti	519 Johnson Ferry Road, Ste 350	Marietta	Georgia	30068

Control No. J007720

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

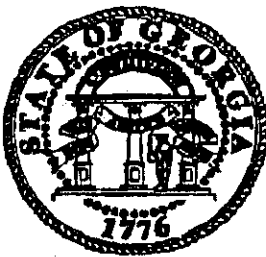
SOUTHERN HOME CARE SERVICES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/28/1980 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 28th day of February, 2007

Karen C Handel
Secretary of State

Certification Number: 848240-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>

TOTAL P.04