

35157-A
308576-D



OFFICE OF THE SECRETARY OF STATE
BREMER EHRLER, SECRETARY OF STATE
CERTIFICATE OF ASSUMED NAME
KRS 365.015

RECEIVED & FILED
\$30.00
DEC 14 1 46 PM '92
BY [Signature]
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY

THIS CERTIFIES THAT THE ASSUMED NAME OF _____
The Methodist Evangelical Hospital Counseling Center
has been adopted by The Methodist-Evangelical Hospital, Inc. # 35157

696016

[REAL NAME OF ENTITY FILING - SEE INSTRUCTION 1. (OVER), AND KRS 365.015(1)]
Which is a [YOU MUST CHECK ONE]

SOLE PROPRIETORSHIPS ARE NOT FILED WITH THE SECRETARY OF STATE

_____ General Partnership _____ X _____ Corporation
_____ Business Trust _____ Limited Partnership _____ Joint Venture

organized and existing in the state of Kentucky, and whose address is
315 East Broadway, Louisville, Kentucky 40202

This Statement of Assumed Name is Signed By:

Name Karen L. Arnett Name _____
Title Assistant Secretary Title _____
Name _____ Name _____
Title _____ Title _____
Name _____ Name _____
Title _____ Title _____

ACKNOWLEDGEMENT

State of Kentucky
County of Jefferson

I, Suzanne Layman, a notary public, do hereby certify
that on this 8th day of December, 19 92, personally appeared before
me Karen L. Arnett, who bring by me
first duly sworn, declared that ~~he~~ ~~she~~ ~~is~~ ~~is~~ the Assistant Secretary of
The Methodist-Evangelical Hospital, Inc., and that ~~he~~ ~~she~~ signed
the foregoing document on behalf of the corporation/~~partnership/sole proprietorship~~

My Commission Expires 5th day of October, 19 95.

(Instructions for Filing Set Out on Back)

Suzanne Layman
(Notary Public Signature)

Alliant

Health System

P.O. Box 35070
Louisville KY 40232-5070
502-629-4025

December 8, 1992

Kentucky Secretary of State
P.O. Box 718
Frankfort, Kentucky 40602-0718

Dear Clerk:

Please file the enclosed Certificate of Assumed Name on behalf of The Methodist-Evangelical Hospital, Inc. Along with the original certificate, I've enclosed two (2) copies thereof and a check payable to the Kentucky State Treasurer, in the amount of \$20.00 representing the fee associated with this request.

Please contact me at (502) 629-8172 with any questions or comments. Thank you for your prompt attention in this matter.

Very truly yours,


SUZANNE T. LAYMAN, Paralegal

Enclosures

cc: Donna Schad

DEC 14 1992

Norton Hospital

Kosair Children's Hospital

Methodist Evangelical Hospital