

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed  
5/8/2024 4:50:01 PM  
Fee receipt: \$20.00

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Secretary of State  
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**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**OWENSBORO HEALTH MOBILE CLINIC**

2. The name of the business entity that is adopting the assumed name is:

**OWENSBORO HEALTH MEDICAL GROUP, INC.**

3. This application will be effective upon filing.

4. The mailing address is:

**1301 PLEASANT VALLEY ROAD, OWENSBORO KY 42303**

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Ramona Hieneman**  
**VP/ Associate General Counsel**

5/8/2024