

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

C227

0932808.12
Michael G. Adams
Secretary of State
Received and Filed
8/12/2024 8:56:06 AM
Fee receipt: \$20

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

**Certificate of Renewal of
Assumed Name**

RAN

Pursuant to the provisions of KRS 365, the undersigned applies to renew an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

GLEN RIDGE HEALTH CAMPUS

2. The assumed name is being renewed by:

TRILOGY HEALTHCARE OF GLEN RIDGE, LLC

3. The entity is organized and existing in the state or country of **DE**.

4. The mailing address of the entity's principal office is

303 N HURSTBOURNE PKWY STE 200, LOUISVILLE, KY 40222

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Authorized Party:**

Cristina Pietrowski

8/12/2024