

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

C227

0512111.04
Michael G. Adams
Secretary of State
Received and Filed
9/10/2024 8:54:12 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:

LIBERTY FAMILY MEDICAL CENTER

2. The assumed name is being renewed by:

EMHFL, INC.

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

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

217 S. Third Street, Danville, KY 40422

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:**

Tammy Ensslin

9/10/2024