

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

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

**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:

**AMERICAN SLEEP MEDICINE**

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

**LOUISVILLE SLEEP DISORDERS CENTER, LLC**

3. This application will be effective upon filing.

4. The mailing address is:

**4010 DUPONT CIRCLE STE 122, LOUISVILLE KY 40207**

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

**Theresa Holmes**  
**President**  
2/23/2023