

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

4041510

1221912
Michael G. Adams
KY Secretary of State
Received and Filed

1/22/2024 8:41:33 AM

Fee receipt: \$20.00

Michael G. Adams
Secretary of State
P. O. Box 718
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:

COLONIAL NURSING AND REHABILITATION CENTER

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

COLONIAL HEALTH CENTER LLC

3. This application will be effective upon filing.

4. The mailing address is:

300 PROVIDER COURT, RICHMOND KY 40475

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

JoAnna Smith
Director of Business Operations

1/22/2024