

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

15550578

0178313  
Michael G. Adams  
KY Secretary of State  
Received and Filed

3/27/2024 5:25:18 PM

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 Renewal of  
Assumed Name**

**RAN**

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

**ELEANOR JOHNSON WOMEN'S CENTER**

2. The assumed name is being renewed by:

**LEWIS COUNTY PRIMARY CARE CENTER, INC.**

4. The business entity is organized and existing in the state or country of

**KY.**

4. The mailing address of the business entity is:

**PO BOX 550, VANCEBURG KY 41179**

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

**Jerry Ugrin**  
3/27/2024