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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/16/2024 11:23 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Withdrawal of Assumed Name (Domestic or Foreign Business Entity)

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

I. The assumed name to be withdrawn is <u>Kenney Orthopedics of Indianapolis (Downtown)</u>				
(The name must be identical to the name on record with the Secretary of State.)				
. The assumed name has been discontinued by Kenney Orthopedics Indianapolis, LLC				
	(Must be the exact name of the en	tity or partners)		
3. This application will be effective upon filin	0			
4. The date the original certificate was filed	<u>2/17/2014</u>			
5. The "real name" is (you must check one):				
a Domestic General Partnership	a Foreig	n General Partnership		
a Domestic Limited Liability Partner	shipa Foreig	n Limited Liability Partne	rship	
a Domestic Limited Partnership	a Foreig	n Limited Partnership		
a Domestic Business Trust	a Foreig	n Business Trust		
a Domestic Corporation	a Foreig	n Corporation		
a Domestic Limited Liability Compa	ny 📃 a Foreig	n Limited Liability Compa	any	
6. The mailing address is:				
208 Normandy CT	Nicholasville	KY	40356	
Street Address or Post Office Box Numbers	City	State	Zip	

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

DocuSigned by: Thomas & Yartman	Thomas E. Hartman	Senior VP and GC	5/7/2024
4BA31C5410BE4DB Signature of Authorized Party	Printed Name	Title	Date