

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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**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:

**METRO PAIN ASSOCIATES**

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

**GARY L. REASOR, M.D., P.S.C.**

3. This application will be effective upon filing.

4. The mailing address is:

**400 EXECUTIVE PARK, 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.

**Gary L. Reasor**  
President  
10/28/2022