

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
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Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

Medical Vision

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

MEDICAL VISION INSTITUTE, P.S.C.

3. This application will be effective upon filing.

4. The mailing address is:

2351 Huguenard Dr Ste 100, Lexington KY 40503

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

Jitander S Dudee, Authorized Rep 6/23/2017