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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/4/2024 2:22 PM 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 Renewal of Assumed Name (Domestic or Foreign Business Entity) RAN

Pursuant to the provisions of KRS 365, the undersigned 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:

Bluegrass Family Clinic-Paris

2. The assumed name is being renewed by:

Bourbon Physician Practice, LLC

(The "real name" of entity or partners)

3. The "real name" is (you must check one):

- a Domestic General Partnership
- a Domestic Limited Liability Partnership
- a Domestic Limited Partnership
- a Domestic Business Trust
- a Domestic Corporation
- a Domestic Limited Liability Company
- a Domestic Statutory Trust
- a Domestic Limited Cooperative Association
- a Domestic Unincorporated Non-profit Association

a Foreign General Partnership a Foreign Limited Liability Partnership

- a Foreign Limited Liability Faithers
- a Foreign Limited Partnership
- a Foreign Business Trust
- a Foreign Corporation
- X a Foreign Limited Liability Company
 - a Foreign Statutory Trust
 - a Foreign Limited Cooperative Association
 - a Foreign Unincorporated Non-profit Association

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

5. The mailing address of the business entity is:

330 Seven Springs Way	Brentwood	TN	37027	
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.

Signature of Authorized Party	Printed Name	Date	
B92A4AD58CE5427		Data	
Charlotte Lawrence	Charlotte Lawrence	11/4/2024	
Signed by:		(1/2024	