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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/26/2024 2:47 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 Withdrawal of Assumed Name (Domestic or Foreign Business Entity)

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

1. The assumed name to be withdrawn is _____

(The name must be identical to the name on record with the Secretary of State.)

2. The assumed name has been discontinued by Logan Physician Practice, LLC (Must be the exact name of the entity or partners)

3. This application will be effective upon filing.

4. The date the original certificate was filed: 03/16/2018

Street Address or Post Office Box Numbers	City	State	Zip	
680 South Fourth St.	Louisville	KY	40202	
6. The mailing address is:				
a Domestic Limited Liability Compa	ny X	a Foreign Limited Liability Compa	any	
a Domestic Corporation		a Foreign Corporation		
a Domestic Business Trust	a Domestic Business Trust		a Foreign Business Trust	
a Domestic Limited Partnership	Domestic Limited Partnership		a Foreign Limited Partnership	
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership		
a Domestic General Partnership		a Foreign General Partnership		
5. The "real name" is (you must check one):				

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

Signature of Authorized Party	Printed Name	Title	Date
Kathy Jeague	Kathy Teague	VP & Corp Secretary	9/23/2024