

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

44945220

0974321
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
1/25/2017 4:01:38 PM
Fee receipt: \$20.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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:

COMMUNITY TREATMENT CENTERS

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

COMMUNITY HEALTH AND WELLNESS LLC

3. This application will be effective upon filing.

4. The mailing address is:

2900 Winchester Ave, Ashland KY 41101

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

SHAD E WOOTEN, Authorized Rep 1/25/2017