

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

**Certificate of Assumed Name**

**ASN**

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

1. The assumed name is:

**KENTUCKY PAIN AND REHAB**

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

**KENTUCKY PAIN MANAGEMENT PSC**

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

**smartstreamer@rocketmail.com, BOWLING GREEN KY 42101**

This filing will be effective on **Sunday, September 15, 2024.**

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

Signature of individual signing on behalf of **President: Clayton Barclay, MD**

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