# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. Ky Secretary of State

1019322 Michael G. Adams Received and Filed

10/10/2023 1:12:44 PM Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

### **Certificate of Assumed Name**

ASN

31725169

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

#### HENDERSON NURSING AND REHABILITATION CENTER

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

## Henderson OpCo, LLC

- This application will be effective upon filing. 3.
- The mailing address is: 4.

#### 2500 N. ELM STREET, HENDERSON KY 42420

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

> Moshe Kelman Member 10/10/2023