

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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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 Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS chapter 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 The assumed name to be withdrawn is:

Rejuvenation Healthcare

2. The assumed name has been discontinued by:

Hillcrest Pain & Spine, PLLC

3. The certificate of assumed name was filed with the Secretary of State on Monday, November 23, 2020

4. This certificate will be effective upon filing.

5. The current mailing address is:

307 Townepark Cir Ste 100, Louisville

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

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