# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes 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 The assumed name to be withdrawn is:

# **Community First Worxs**

2. The assumed name has been discontinued by:

### **Community First Health Holdings, Inc.**

3. The certificate of assumed name was filed with the Secretary of State on Saturday, August 25, 2018

- 4. This certificate will be effective upon filing.
- 5. The current mailing address is:

#### 3131 South 2nd StreetUnit 239, Louisville

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

Legal Services Group, Authorized Rep 8/29/2018