# Commonwealth of Kentucky Michael G. Adams, Secretary of St

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

## Certificate of Renewal of Assumed Name

**RAN** 

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

#### MALONE HEALTHCARE

2. The assumed name is being renewed by:

### MANAGEMENT REGISTRY, INC.

4. The business entity is organized and existing in the state or country of

KY.

4. The mailing address of the business entity is:

#### 1868 CAMPUS PLACE, LOUISVILLE KY 40299

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

Terry Malone 2/15/2023