

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

2376036

1267128  
Michael G. Adams  
KY Secretary of State  
Received and Filed

3/13/2023 11:23:56 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**

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:

**BELLEFONTE HOSPITAL AND RECOVERY CENTER**

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

**ARC Health Systems, LLC**

3. This application will be effective upon filing.

4. The mailing address is:

**125 South Main Cross Street, Louisa KY 41230**

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

**Jessica A Burke**  
**Chief Legal and Government Affairs Officer**  
3/13/2023