

0186529.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/4/2023 12:38 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718. Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

ŕ

Certificate of Assumed Name (Domestic or Foreign Business Entity) ASN

| Pursuant to the provisions of | f KRS 365, the undersigned applies to assume a name and, for that purpose, submits the |
|-------------------------------|--|
| following statement: | Waman'a Haalthaara Darthara |
| 1 The end memories | Women's Healthcare Partners |

1. The assumed name is:

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

OHIO COUNTY HOSPITAL CORPORATION

| Name must be identical to the name on record with the Secretary of S |
|--|
|--|

3. The "real name" is (you must check one):

| Tear name to (you must check one). | |
|--|---|
| a Domestic General Partnership | a Foreign General Partnership |
| a Domestic Limited Liability Partnership | a Foreign Limited Liability Partnership |
| a Domestic Limited Partnership | a Foreign Limited Partnership |
| a Domestic Business Trust | a Foreign Business Trust |
| a Domestic Corporation | a Foreign Corporation |
| a Domestic Limited Liability Company | a Foreign Limited Liability Company |
| a Domestic Statutory Trust | a Foreign Statutory Trust |
| a Domestic Limited Cooperative Association | a Foreign Limited Cooperative Association |
| a Domestic Unincorporated Non-profit Association | a Foreign Unincorporated Non-profit Association |
| | |

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

5. The mailing address is:

| 1211 Old Main Street | Hartford | KY | 42347 | |
|---|----------|-------|-------|--|
| Street Address or Post Office Box Numbers | City | State | Zip | |

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

| DocuSigned by: Shellie Shouse | Shellie Shouse | CEO | 8-4-2023 |
|----------------------------------|----------------|-------|----------|
| Authorized Party Signature | Printed Name | Title | Date |