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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

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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
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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