# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0467429 Michael G. Adams Received and Filed

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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

53272534

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:

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

#### KORT DOWNTOWN HAND CENTER

The assumed name is being renewed by: 2.

### KENTUCKY ORTHOPEDIC REHABILITATION, LLC

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

PA

The mailing address of the business entity is: 4.

#### 4714 GETTYSBURG ROAD, MECHANICSBURG PA 17055

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

> Michael E Tarvin 9/19/2022