

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

W266

0684636.04  
Michael G. Adams  
Secretary of State  
Received and Filed  
10/30/2024 10:08:30 AM  
Fee receipt: \$20

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

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**DISC CENTERS OF AMERICA**

2. The assumed name has been discontinued by

**OLDHAM COUNTY SPINE & DISC CENTER, PSC**

3. This filing will be effective on **Wednesday, October 30, 2024.**

4. The date the original certificate was filed:

**Wednesday, May 19, 2021**

5. The mailing address of the entity's principal office is

**301 S. 1ST STREET, LAGRANGE, KY 40031**

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

Signature of individual signing on behalf of **President: Lido L Petrucci**

10/30/2024 10:08:30 AM