Michael G. Adams

Fee Receipt: \$20.00

Kentucky Secretary of State Received and Filed: 1/20/2023 9:27 AM

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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	Certificate of Assumed (Domestic or Foreign Busine	
Pursuant to the provisions of KRS following statement: 1. The assumed name is:		es to assume a name and, for that purpose, submits the
2. The real name of the business of assumed name: Greenview Hospital, Inc. Name must be identical to the real n		I partnership, the partners) that is/are adopting the
 3. The entity type is (you must check a Domestic General a Domestic Limited a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Limited a Domestic Statutor a Domestic Limited 	cone): Partnership Liability Partnership Partnership s Trust tion Liability Company	 a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Limited Partnership a Foreign Business Trust a Foreign Corporation a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association

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

5. The mailing address is:

One Park Plaza - Legal Dept.	Nashville	ΤN		37203	
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.

pe to	John M. Franck II	Vice President	1/18/2023
Authorized Party Signature	Printed Name	Title	Date