



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
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Division of Business Filings
Business Filings
 P.O. Box 718,
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Certificate of Assumed Name
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

Spring View Women's and Children's Clinic - Campbellsville

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:

Spring View Physician Practices LLC

Name must be identical to the name on record with the Secretary of State.)

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

a Domestic General Partnership
 a Domestic Limited Liability Partnership
 a Domestic Limited Partnership
 a Domestic Business Trust
 a Domestic Corporation
 a Domestic Limited Liability Company
 a Domestic Statutory Trust
 a Domestic Limited Cooperative Association
 a Domestic Unincorporated Non-profit Association

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 business is organized and existing in the state or country of Delaware

5. The mailing address is:

330 Seven Springs Way Brentwood TN 37027

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:

Charlotte Lawrence

Charlotte Lawrence

Secretary

4/25/2023

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Authorized Party Signature**Printed Name****Title****Date**