



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

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ASN

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

**Certificate of Renewal of Assumed Name**  
**(Domestic or Foreign Business Entity)**

**RAN**

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

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

Buffalo Trace Gastroenterology - Maysville

2. The assumed name is being renewed by:

Meadowview Physician Practice, LLC

(The "real name" of entity or partners)

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

5. The mailing address of the business entity 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.

Signed by:

*Charlotte Lawrence*  
 Signature of Authorized Party

Charlotte Lawrence

Printed Name

3/4/2025

Date