

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

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Michael G. Adams
Secretary of State
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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 Assumed Name

ASN

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

1. The assumed name is:

TAYLOR REGIONAL PULMONOLOGY AND SLEEP MEDICINE

2. The name of the business entity that is adopting the assumed name:

TAYLOR COUNTY HOSPITAL DISTRICT HEALTH FACILITES CORPORATION

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

1700 OLD LEBANON RD., CAMPBELLSVILLE KY 42718

This filing will be effective on **Tuesday, August 13, 2024.**

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 **CEO: Mike Everett**
8/13/2024 10:52:47 AM