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ASN
Michael G. Adams
Kentucky Secretary of State
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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 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:

1. The assumed name is: Central Kentucky Pain and Spine
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
Kentucky MSO, 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 Foreign General Partnership |
| a Domestic Limited Liability Partnership | a Foreign Limited Liability Partnership |
| a Domestic Limited Partnership | a Foreign Limited Partnership |
| a Domestic Business Trust | a Foreign Business Trust |
| a Domestic Corporation | a Foreign Corporation |
| a Domestic Limited Liability Company | <input checked="" type="checkbox"/> a Foreign Limited Liability Company |
| a Domestic Statutory Trust | a Foreign Statutory Trust |
| a Domestic Limited Cooperative Association | a Foreign Limited Cooperative Association |
| a Domestic Unincorporated Non-profit 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:
- | | | | |
|--|------------------|--------------|--------------|
| <u>330 Seven Springs Way</u> | <u>Brentwood</u> | <u>KY</u> | <u>37027</u> |
| 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.

<small>DocuSigned by:</small> 	<u>Charlotte Lawrence</u>	<u>Secretary</u>	<u>2/8/2024</u>
Authorized Party Signature	Printed Name	Title	Date