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Michael G. Adams Kentucky Secretary of State Received and Filed: 9/9/2024 2:29 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602	Certificate of Assumed Name (Domestic or Foreign Business Entity)		ASN	
(502) 564-3490				
www.sos.ky.gov				
following statement:	365, the undersigned applies to a	ssume a name and, for that	purpose, submits the	
1. The assumed name is:	ass Links Orthopaedics			
2. The name of the business enti	ty (and in the case of general parti	nership, the partners) that is/a	are adopting the assumed	
name:				
Kentucky MSO, LLC				
Name must be identical to the nam	e on record with the Secretary of S	ate.)		
3. The "real name" is (you must ch	eck one):			
a Domestic General Partnership		a Foreign General Partnership		
a Domestic Limited Liability Partnership		a Foreign Limited Liab	a Foreign Limited Liability Partnership	
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Corpor	ation	a Foreign Corporation	a Foreign Corporation	
a Domestic Limited Liability Company		X 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:				
330 Seven Springs Way	Brentwood,	TN	37027	
Street Address or Post Office Box	Numbers Cit	y State	Zip	
I declare under penalty of perjury	under the laws of Kentucky that the	e forgoing is true and correct		
Signed by:				
Charlotte Lawrence B92A4AD58CE5427	Charlotte Lawrence	Secretary	9/6/2024	
Authorized Party Signature	Printed Name	Title	Date	