

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

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Michael G. Adams
KY Secretary of State
Received and Filed

12/13/2022 1:24:50 PM

Fee receipt: \$20.00

Michael G. Adams
Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

THREE RIVERS FAMILY PRACTICE - CRUM

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

THREE RIVERS MEDICAL CLINICS, INC.

3. This application will be effective upon filing.

4. The mailing address is:

1573 MALLORY LANE, SUITE 100, BRENTWOOD TN 37027

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Donald R Esposito, Jr.
SVP and Secretary
12/13/2022