

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

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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<http://www.sos.ky.gov>

**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 PAIN MANAGEMENT**

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.**  
**Secretary**  
2/22/2024