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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: The Springs at Lake Cumberland

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Lake Cumberland Regional Hospital, 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:

330 Seven Springs Way Brentwood TN 37027

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.

DocuSigned by:

Charlotte Lawrence

Charlotte Lawrence

Secretary

4/11/2023

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Authorized Party Signature**Printed Name****Title****Date**