

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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**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:

**HEALTHY OUTLOOK AT WAYNE COUNTY HOSPITAL**

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

**WAYNE COUNTY HOSPITAL, INCORPORATED**

3. This application will be effective upon filing.

4. The mailing address is:

**166 HOSPITAL ST., MONTICELLO KY 426332416**

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

**Liesl Muehlhauser**  
**Authorized Agent**  
1/3/2023