



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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WTH

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 6/28/2024 3:02 PM
 Fee Receipt: \$20.00

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
www.sos.ky.gov

Certificate of Withdrawal of Assumed Name
(Domestic or Foreign Business Entity)

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name to be withdrawn is Georgetown Sleep Clinic
 (The name must be identical to the name on record with the Secretary of State.)
2. The assumed name has been discontinued by Georgetown Community Hospital, LLC
 (Must be the exact name of the entity or partners)
3. This application will be effective upon filing.
4. The date the original certificate was filed: 2/12/2016
5. The "real name" is (you must check one):

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Domestic Limited Liability Company	<input checked="" type="checkbox"/> a Foreign Limited Liability Company

6. 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
 B92A4AD58CE5427...

CHARLOTTE LAWRENCE

SECRETARY

05/06/2024

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