

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 Renewal of
Assumed Name**

RAN

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

HOSPICE AND PALLIATIVE CARE OF WESTERN KENTUCKY

2. The assumed name is being renewed by:

HOSPICE AND PALLIATIVE CARE OF THE OHIO VALLEY, INC.

4. The business entity is organized and existing in the state or country of

KY.

4. The mailing address of the business entity is:

3419 WATHENS CROSSING, OWENSBORO KY 42301

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

Janie Mahoney

8/25/2023