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ASN  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
8/27/2024 10:33 AM  
Fee Receipt: \$20.00



**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: Bourbon Wound Care Center

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

Bourbon Community 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):

- |   |  |
|---|--|
| <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  |
| <input type="checkbox"/> a Domestic Statutory Trust                       | <input type="checkbox"/> a Foreign Statutory Trust                       |
| <input type="checkbox"/> a Domestic Limited Cooperative Association       | <input type="checkbox"/> a Foreign Limited Cooperative Association       |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

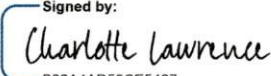
4. The business is organized and existing in the state or country of Delaware

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.

Signed by:  B92A4AD58CE5427...	Charlotte Lawrence	Secretary	8/26/2024
<b>Authorized Party Signature</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>