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Michael G. Adams Kentucky Secretary of State Received and Filed:

1/17/2025 2:37 PM Fee Receipt: \$20.00

Date

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Rene (Domestic or Foreign B		е	RAN	
Pursuant to the provisions of KRS the following statements:	S 365, the undersigned app	lies to re	new an assumed n	ame and, fo	or that purpose, submits
This certifies that the assumed	d name of the business enti	ty is:			
Bourbon Behavioral Health					
2. The assumed name is being r Bourbon Community Hospital, LI (The "real name" of entity or partner	.C				
The "real name" is (you must cheen the state of the					
a Domestic General Part a Domestic Limited Liabi a Domestic Limited Part a Domestic Business Tru a Domestic Corporation a Domestic Limited Liabi a Domestic Statutory Tru a Domestic Limited Coop	nership lity Partnership nership list lity Company list perative Association lited Non-profit Association led and existing in the state			Liability Par Partnership s Trust tion Liability Cor y Trust Cooperative	rtnership
200	6-2				
330 Seven Springs Way		entwood		TN	37027
I declare under penalty of perjury Signed by: (Luarbette Lawrence	under the laws of Kentucky	/ that the	e forgoing is true an		Zip 01/09/2024

Printed Name

Signature of Authorized Party