**Division of Business Filings** 



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

1/17/2025 2:36 PM Fee Receipt: \$20.00

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602	Certificate of Renewal of Assumed Name (Domestic or Foreign Business Entity)			RAN	
(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KR the following statements:	S 365, the undersigned ap	plies to re	enew an assumed name and	, for that purpor	se, submits
1. This certifies that the assume	d name of the business en	tity is:			
Bourbon Adult Behavioral Hea	lth				72
2. The assumed name is being i	renewed by:		10		
Bourbon Community Hospital, Ll	LC				
(The "real name" of entity or partner	rs)				
3. The "real name" is (you must cl	heck one):				
a Domestic General Partnership			a Foreign General Partnership		
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership		
a Domestic Limited Partnership			a Foreign Limited Partnership		
a Domestic Business Trust			a Foreign Business Trust		
a Domestic Corporation			a Foreign Corporation		
			a Foreign Limited Liability Company		
			a Foreign Statutory Trust		
a Domestic Limited Cooperative Association			a Foreign Limited Cooperative Association		
a Domestic Unincorporated Non-profit Association			a Foreign Unincorporated Non-profit Association		
4. The business entity is organiz	ed and existing in the state	e or count	ry of		
5. The mailing address of the bu					
330 Seven Springs Way		rentwood	TN	37027	
Street Address or Post Office Box Numbers		ty	State	Zip	
I declare under penalty of perjury	under the laws of Kentuck	ky that the	forgoing is true and correct		
Signed by:					
Charlotte Cawrence		HARLOTT	E LAWRENCE, SECRETARY	01/09/2024	
Signature of Authorized Party		Printed Name		Date	