

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 Assumed Name

ASN

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

TWIN RIVERS NURSING AND REHABILITATION CENTER

2. The name of the business entity that is adopting the assumed name is:

Twin Rivers Operating Company, LLC

3. This application will be effective upon filing.

4. The mailing address is:

2420 WEST THIRD STREET, 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.

Moshe Kelman

Member

10/10/2023