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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/5/2025 11:40 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	Certificate of Assumed Name (Domestic or Foreign Business Entity)		
(502) 564-3490 www.sos.ky.gov			
Pursuant to the provisions of KRS following statement: 1. The assumed name is:	ealthSouth Cond	cierge Financial	Services
2. The name of the business entity name: The Farmers National Bank Name must be identical to the name	of Danville		e adopting the assumed
3. The "real name" is (you must che a Domestic General a Domestic Limited I a Domestic Limited I a Domestic Business a Domestic Corporate a Domestic Limited L a Domestic Statutory a Domestic Limited C	ck one): Partnership Liability Partnership Partnership s Trust tion Liability Company	a Foreign General Partr a Foreign Limited Liabili a Foreign Limited Partne a Foreign Business Trus a Foreign Corporation a Foreign Limited Liabilit a Foreign Statutory Trus a Foreign Limited Coope a Foreign Unincorporate	ty Partnership ership st y Company t erative Association
4. The business is organized and e5. The mailing address is:	xisting in the state or country of	KENTINUKY	-
304 West Main Street	Danville	Kentucky	40422
Street Address or Post Office Box Nu	mbers Ci	ty State	Zīp
I declare under penalty of perjury un Brant Welch	der the laws of Kentucky that th Brant Welch	e forgoing is true and correct. Customer Experience Manag	er 2-26-2025
Authorized Party Signature	Printed Name	Title	Date
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