# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0295053 Michael G. Adams Received and Filed

11/21/2022 11:20:14 AM Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

### **Certificate of Assumed Name**

ASN

14131058

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

1. The assumed name is:

#### OHIO VALLEY PAIN CONSORTIUM

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

## M.C. CRONEN & ASSOCIATES, INC., P.S.C.

- This application will be effective upon filing. 3.
- 4. The mailing address is:

### 252 WHITTINGTON PKWY., LOUISVILLE KY 40222

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

> MICHAEL C CRONEN MEMBER 11/21/2022