

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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KY Secretary of State  
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Secretary of State  
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**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**Sharicom Medical**

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

**Bavaria/Kentucky Atlantic Partners, Inc.**

3. This application will be effective upon filing.

4. The mailing address is:

**113 Glenn Place, Lexington KY 40505**

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

**Col. Jordan Palmer**