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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/29/2023 10:22 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 N (Domestic or Foreign Busines				ASN
(502) 564-3490 www.sos.ky.gov					
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to a		d, for that pur	rpose, submits th	е
The assumed name is:			V 20 100 V	2007 VIII HIW	·
The name of the business entit	y (and in the case of general part	nership, the partne	s) that is/are	adopting the as	sumed
name:					
Fresenius Medical Care Kentuckiana		toto \			
Name must be identical to the name		tate.)			
3. The "real name" is (you must che		a Foreign G	eneral Partne	erehin	
a Domestic General Partnership a Domestic Limited Liability Partnership			a Foreign General Partnership a Foreign Limited Liability Partnership		
a Domestic Limited		a Foreign Limited Partnership			
a Domestic Busines		a Foreign Business Trust			
a Domestic Corpora	a Foreign C	a Foreign Corporation			
a Domestic Limited Liability Company		X a Foreign Li	X a Foreign Limited Liability Company		
a Domestic Statuto	a Foreign S	a Foreign Statutory Trust			
a Domestic Limited	a Foreign Li	a Foreign Limited Cooperative Association			
a Domestic Uninco	a Foreign U	a Foreign Unincorporated Non-profit Association			
4. The business is organized and	existing in the state or country of	Delaware			
5. The mailing address is:					
920 Winter St.	Waltham	M	A	02451	
Street Address or Post Office Box	Numbers Ci	ty	State	Zip	·
I declare under penalty of perjury	under the laws of Kentucky that the	ie forgoing is true a	nd correct.		
Z-leels	Bryan Mello	Asst. Treasure	r 8/	/28/23	
Authorized Party Signature	Printed Name	Title		Date	