

**1302160.06** mmoore  
ASN  
**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
9/29/2023 2:06 PM  
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  
(502) 564-3490  
www.sos.ky.gov

**Certificate of Assumed Name**  
**(Domestic or Foreign Business Entity)**

**ASN**

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

1. The assumed name is: Foundation Health

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Foundation Health, LLC

**Name must be identical to the name on record with the Secretary of State.)**

3. The "real name" is (you must check one):

- |                                     |  |                          |   |
|-------------------------------------|--|--------------------------|---|
| <input type="checkbox"/>            | a Domestic General Partnership                   | <input type="checkbox"/> | a Foreign General Partnership                   |
| <input type="checkbox"/>            | a Domestic Limited Liability Partnership         | <input type="checkbox"/> | a Foreign Limited Liability Partnership         |
| <input type="checkbox"/>            | a Domestic Limited Partnership                   | <input type="checkbox"/> | a Foreign Limited Partnership                   |
| <input type="checkbox"/>            | a Domestic Business Trust                        | <input type="checkbox"/> | a Foreign Business Trust                        |
| <input type="checkbox"/>            | a Domestic Corporation                           | <input type="checkbox"/> | a Foreign Corporation                           |
| <input checked="" type="checkbox"/> | a Domestic Limited Liability Company             | <input type="checkbox"/> | a Foreign Limited Liability Company             |
| <input type="checkbox"/>            | a Domestic Statutory Trust                       | <input type="checkbox"/> | a Foreign Statutory Trust                       |
| <input type="checkbox"/>            | a Domestic Limited Cooperative Association       | <input type="checkbox"/> | a Foreign Limited Cooperative Association       |
| <input type="checkbox"/>            | a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> | a Foreign Unincorporated Non-profit Association |

4. The business is organized and existing in the state or country of Kentucky

5. The mailing address is:

1601 Hwy 121 N Bypass Ste B                      Murray                      KY                      42071

Street Address or Post Office Box Numbers                      City                      State                      Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Catherine Buck                      Catherine Buck    Attorney-in-fact    09/29/2023  
Authorized Party Signature                      Printed Name                      Title                      Date