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

0324361 Michael G. Adams Received and Filed

4/9/2024 10:18:57 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 Withdrawal of **Assumed Name**

CWA

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

NORTON CHILDREN'S NEONATOLOGY

2. The assumed name has been discontinued by:

COMMUNITY MEDICAL ASSOCIATES, INC.

The date the origional certificate was filed: 3.

Friday, October 28, 2016

The mailing address is: 4.

4967 US HIGHWAY 42, SUITE 101, 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.

Tracey Maxwell

4/9/2024