

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Secretary of State
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**Certificate of Renewal of
Assumed Name**

RAN

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

NORTON PAIN MANAGEMENT ASSOCIATES

2. The assumed name is being renewed by:

COMMUNITY MEDICAL ASSOCIATES, INC.

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

KY.

4. The mailing address of the business entity is:

4967 US HWY. 42, SUITE 101, LOUISVILLE KY 40222

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

Tracey Maxwell
5/7/2024