

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

Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
(502) 564-3490  
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**Certificate of Withdrawal of  
Assumed Name**

**CWA**

W266  
0324361.04  
Michael G. Adams  
Secretary of State  
Received and Filed  
5/29/2024 10:29:37 AM  
Fee receipt: \$20

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**NORTON ORTHOPAEDIC SPECIALISTS**

2. The assumed name has been discontinued by

**COMMUNITY MEDICAL ASSOCIATES, INC.**

3. This application will be effective on **Wednesday, May 29, 2024.**

4. The date the original certificate was filed:

**Wednesday, April 8, 2009**

5. The mailing address of the entity's principal office is

**234 EAST GRAY STREET SUITE 262, LOUISVILLE, KY 40202**

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

Signature of individual signing on behalf of **Manager Legal Services: Tracey Maxwell**  
5/29/2024 10:29:37 AM