

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

29859987

0324361
Michael G. Adams
KY Secretary of State
Received and Filed

4/9/2024 10:34:33 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 The assumed name to be withdrawn is: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 MEDICAL ASSOCIATES

2. The assumed name has been discontinued by:

COMMUNITY MEDICAL ASSOCIATES, INC.

3. The date the original certificate was filed:

Wednesday, November 3, 2004

4. The mailing address is:

234 EAST GRAY STREET, LOUISVILLE KY 40202

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

Tracey Maxwell

4/9/2024