

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

Michael G. Adams  
Secretary of State  
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**Articles of Dissolution**

**NPD**

NAOD  
0024863.09  
Michael G. Adams  
Secretary of State  
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Pursuant to the provisions of KRS 14A and KRS 273.313, the undersigned corporation executes the following articles of dissolution:

Article I: The name of the nonprofit corporation is

**GRAYSON COUNTY PUBLIC HOSPITAL DISTRICT CORPORATION**

Article II: The date the dissolution was authorized: **Wednesday, July 10, 2024**

Article III: This dissolution was approved by **the board of directors**.

Article IV: Meeting date of the Board of Directors at which the resolution was adopted: **Wednesday, July 10, 2024**

The resolution received the votes of a majority of the directors in office.

Article V: The assets of the corporation shall be distributed pursuant to the following plan of distribution:

- (a) All liabilities and obligations of the corporation shall be paid and discharged, or adequate provisions shall be made therefor;
- (b) Assets held by the corporation upon condition requiring return, transfer or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred or conveyed in accordance with such requirements;
- (c) Assets received and held by the corporation subject to limitations permitting their use only for charitable, religious, eleemosynary, benevolent, educational or similar purposes, but not held upon a condition requiring return, transfer or conveyance by reason of the dissolution, shall be transferred or conveyed to **Grayson County Hospital District**  
**130 E Market Street**  
**Leitchfield, KY 42754;**
- (d) Other assets, if any, shall be distributed in accordance with the provisions of the articles of incorporation or the bylaws to the extent that the articles of incorporation or bylaws determine the distributive rights of members, or any class or classes of members, or provide for distribution to others;
- (e) Any remaining assets may be distributed to **Grayson County Hospital District**  
**130 E Market Street**  
**Leitchfield, KY 42754.**

Article VI: This application will be effective on **Wednesday, July 17, 2024**.

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

Signature of individual signing on behalf of **Legal Counsel: Cody W. Duvall**

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