

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

RAN

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

1. The assumed name is:

ROCKCASTLE REGIONAL HOSPITAL AND RESPIRATORY CARE CENTER

2. The assumed name is being renewed by:

ROCKCASTLE HOSPITAL AND RESPIRATORY CARE CENTER, INC.

3. The entity is organized and existing in the state or country of **KY**.

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

145 NEWCOMB AVE P O BOX 1310, MT VERNON, KY 40456

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 **Authorized Party:**

CHRISTOPHER NICHOLAS BASTIN

6/3/2024