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Michael G. Adams Kentucky Secretary of State Received and Filed: 8/16/2022 1:21 PM Fee Receipt: \$20.00

## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STA

Division of Business Filings Business Filings PO Roy 718

Certificate of Assumed Name (Domestic or Foreign Business Entity)

**ASN** 

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Fo	oreign Busines	s Entity)		
Pursuant to the provisions of KR following statement:	-	d applies to assu	me a name and, for the	at purpose, submits the	
1. The assumed name is: AMI	R Lexington				
2. The name of the business ent name: Alliance for Multis	pecialty Resear	ch, LLC	hip, the partners) that i	s/are adopting the assumed	
		y or otate.			
3. The "real name" is (you must cl	neck one):				
a Domestic General Partnership		a	a Foreign General Partnership		
a Domestic Limited Liability Partnership		a	a Foreign Limited Liability Partnership		
a Domestic Limited Partnership		a	a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business Trust			
a Domestic Corporation		a Foreign Corporation			
a Domestic Limited Liability Company		a	a Foreign Limited Liability Company		
4. This application will be effecti or the delayed effective cannot b					
5. The business is organized and	d existing in the state	or country of Delaw	rare	·	
6. The mailing address is:					
801 N. Weisgarber Ro	ad, Suite 100	Knoxville	TN	37909	
Street Address or Post Office Box Nur	nbers	City	State	Zip	
I declare under penalty of perjury	under the laws of Kei	ntucky that the fo	rgoing is true and corre	ect.	
San Hennessey	Ian Henne	essey	General Couns	el 8/11/2022	
Authorized Party Signature	Printed Name		Title	Date	