

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

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0298273.09
Michael G. Adams
Secretary of State
Received and Filed
1/26/2025 8:13:11 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

TSW DERMATOLOGY, PSC

2. The name of the business entity that is adopting the assumed name:

EAST LOUISVILLE DERMATOLOGY, P.S.C.

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

4. The mailing address is:

3416 Glenview Avenue, LOUISVILLE KY 40222

This filing will be effective on **Sunday, January 26, 2025.**

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 **Shareholder: Terrie S. Williams**

1/26/2025 8:13:11 PM