

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

0830973.12

dwilliams RNA

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 6/2/2022 11:04 AM Fee Receipt: \$20.00

Division of Business Filings

Certificate of Renewal of Assumed Name

RAN

Signature of Authorized Party	Printed Name		Date
Jan J	Nick Mendez		6.1.2022
I declare under penalty of perjury	y under the laws of Kentucky that the f	orgoing is true and correct.	
2			
Street Address or Post Office Box Nui	mbers City	State	Zip
500 Cummings Center, Suite 6550	Beverly	MA	01915
5. The mailing address of the bu	usiness entity is:		
4. The business entity is organiz	ed and existing in the state or country	of Delaware	
a Domestic Unincorpora	ted Non-profit Associationa	Foreign Unincorporated No	on-profit Association
a Domestic Limited Coo		Foreign Limited Cooperation	
a Domestic Statutory Tru		Foreign Statutory Trust	. A t- H
a Domestic Limited Liability Companya Foreign Limited Liability Company			
a Domestic Corporationa Foreign Corporation			
a Domestic Business Trusta Foreign Business Trust			
a Domestic Limited Partnershipa Foreign Limited Partnership			p
a Domestic Limited Liability Partnershipa Foreign Limited Liability Partnership			
a Domestic General Partnershipa Foreign General Partnership			nip
3. The "real name" is (you must cl	heck one):		
(The "real name" of entity or partner	rs)		
University Kidney Center, LLC			
2. The assumed name is being r	renewed by:		
University of Louisville Dialysis			
•	d name of the business entity is:		
Pursuant to the provisions of KR:	S 365, the undersigned applies to rene	w an assumed name and,	for that purpose, submits
(502) 564-3490 www.sos.ky.gov	15.		
P.O. Box 718 Frankfort, KY 40602	(Domestic or Foreign Business Entity)		