

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

12200949

0844374  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
5/30/2019 11:12:28 PM  
Fee receipt: \$20.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Assumed Name**

**ASN**

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

1. The assumed name is:

**County Line Primary Care**

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

**The Recovery Center L.L.C.**

3. This application will be effective upon filing.

4. The mailing address is:

**9221 Hwy 15s, Campton KY 41301**

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

**Justin Neace**