

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

61912189

0844374  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
10/18/2019 4:46:47 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 Withdrawal of  
Assumed Name**

**CWA**

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

1. The assumed name to be withdrawn is:

**County Line Primary Care**

2. The assumed name has been discontinued by:

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

3. The certificate of assumed name was filed with the Secretary of State on Thursday, May 30, 2019
4. This certificate will be effective upon filing.
5. The current mailing address is:

**9221 Hwy 15s, Campton**

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

**Justin Neace**