

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

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

**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

**ACUTE PAIN AND REHAB**

2. The assumed name is being renewed by:

**Bluegrass Behavioral Health PSC**

3. This application will be effective upon filing.

4. The mailing address of the business entity is:

**3955 Dixie Hwy, Louisville KY 40216**

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

**Clayton Barclay, MD**

5/8/2024