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WTH

Michael G. Adams  
 Kentucky Secretary of State  
 Received and Filed:  
 9/26/2024 2:46 PM  
 Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY  
 MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Withdrawal of Assumed Name**  
 (Domestic or Foreign Business Entity)

**CWA**

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

- The assumed name to be withdrawn is Logan Memorial Outpatient Rehabilitation.  
 (The name must be identical to the name on record with the Secretary of State.)
- The assumed name has been discontinued by Logan Memorial Hospital, LLC.  
 (Must be the exact name of the entity or partners)
- This application will be effective upon filing.
- The date the original certificate was filed: 02/24/2020.
- The "real name" is (you must check one):
 

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Domestic Limited Liability Company	<input checked="" type="checkbox"/> a Foreign Limited Liability Company

6. The mailing address is:

680 South Fourth St.	Louisville	KY	40202
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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

DocuSigned by: <i>Kathy Teague</i>	Kathy Teague	VP & Corp Secretary	9/25/2024
<small>6B07D11E401C4AE</small>			
<b>Signature of Authorized Party</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>