ASN

### **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

Michael G. Adams Received and Filed 5/18/2023 1:27:09 PM Fee receipt: \$20.00

0927378

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# **Certificate of Assumed Name**

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:

## Western Kentucky Medical Group

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

#### Maanya, LLC

- This application will be effective upon filing. 3.
- The mailing address is: 4.

#### 116 Main St, Cadiz KY 42211

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

**Harshul Patel**