

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

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Michael G. Adams  
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 Renewal of  
Assumed Name**

**RAN**

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

1. The assumed name is:

**FOREST SPRINGS HEALTH CAMPUS**

2. The assumed name is being renewed by:

**Trilogy Healthcare of Louisville Northeast, LLC**

3. The entity is organized and existing in the state or country of **KY**.

4. The mailing address of the entity's principal office is

**303 N HURSTBOURNE PKWY STE 200, LOUISVILLE, KY 40222**

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

Signature of individual signing on behalf of **Authorized Party:**

**Cristina Pietrowski**

9/13/2024