ASN

## Commonwealth of Kentucky 0080588 Michael G. Adams, Secretary of St KY Secretary of State

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# Certificate of Assumed Name

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

## THE MEDICAL CENTER AT ALBANY

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

#### BOWLING GREEN-WARREN COUNTY COMMUNITY HOSPITAL CORPORATION

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

#### 800 PARK STREET, BOWLING GREEN KY 42101

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

Jonathan B. Blick Vice President of Legal Affairs 4/1/2024