

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
Secretary of State  
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**Certificate of Assumed Name**

**ASN**

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:

**Neb Doctors of KY**

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

**INPRACTICE PATIENT SERVICES, INC.**

3. This application will be effective upon filing.

4. The mailing address is:

**5076 Winters Chapel Rd Ste 200, Atlanta GA 30360**

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

**Bryan Carter, Authorized Rep 5/15/2018**