

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
8/11/2016 3:18:11 PM  
Fee receipt: \$20.00

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:

**TOTAL PHARMACY CARE #4**

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

**TPC Martin, Inc.**

3. This application will be effective upon filing.

4. The mailing address is:

**533 Hambley Blvd Ste 6, Pikeville KY 41501**

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

**Billy W Rowe Jr, Authorized Rep 8/11/2016**