

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

2034118

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Michael G. Adams
KY Secretary of State
Received and Filed

7/26/2021 8:05:10 PM

Fee receipt: \$20.00

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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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:

Floyd County Rural Health

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

BETSY LAYNE PRIMARY CARE, PLLC

3. This application will be effective upon filing.

4. The mailing address is:

8324 KY RT 122, Minnie KY 41651

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

Loren Kidd