

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
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

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:

DYNAMIC PHYSICAL THERAPY ASSOCIATES

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

WILLIAMSON PHYSICAL THERAPY LLC

3. This application will be effective upon filing.

4. The mailing address is:

Po Box 2686, Pikeville KY 41502

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

BARRY LUCAS