

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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**Certificate of Renewal of
Assumed Name**

RAN

Pursuant to the provisions of KRS 365, the undersigned applies to renew an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

WHITESBURG ARH PHARMACY-OUTPATIENT

2. The assumed name is being renewed by:

APPALACHIAN REGIONAL HEALTHCARE, INC.

3. The entity is organized and existing in the state or country of **KY**.

4. The mailing address of the entity's principal office is

2260 EXECUTIVE DRIVE, LEXINGTON, KY 40505

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Authorized Party:**

Hollie P. Harris, President & CEO

2/28/2025