

**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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Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

**MIDDLESBORO ARH HOME HEALTH AGENCY**

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

**APPALACHIAN REGIONAL HEALTHCARE, INC.**

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

4. The mailing address is:

**2260 EXECUTIVE DRIVE, LEXINGTON KY 40505**

This filing will be effective on **Monday, February 10, 2025.**

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 **President and CEO:**

**Hollie P. Harris**

2/10/2025 12:22:55 PM