

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

C226

0001594.09
Michael G. Adams
Secretary of State
Received and Filed
2/11/2025 10:48:35 AM
Fee receipt: \$20

Michael G. Adams
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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

MCDOWELL 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 **Tuesday, February 11, 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

2/11/2025 10:48:35 AM