## 21658815

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0947096 Michael G. Adams Received and Filed 6/27/2023 9:33:16 AM

Fee receipt: \$20.00 Certificate of Withdrawal of **Assumed Name** 

**CWA** 

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### NAPCK NURSE OFFICE

2. The assumed name has been discontinued by:

## USIMC OF WEST VIRGINIA, MEDICAL CORPORATION, P.S.C.

The date the origional certificate was filed: 3.

Friday, February 5, 2021

The mailing address is: 4.

#### 5500 MARYLAND WAY, BRENTWOOD TN 37027

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

**Donna Wilcox** 

6/27/2023