

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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**Certificate of Withdrawal of
Assumed Name**

CWA

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 The assumed name to be withdrawn is:

SMUCKER SCOTTSVILLE HEALTH CENTER

2. The assumed name has been discontinued by:

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

3. The date the original certificate was filed:

Tuesday, July 30, 2019

4. The mailing address is:

5500 MARYLAND WAY, BRENTWOOD TN 37027

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

Donna Wilcox

6/27/2023