

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

19977632

0999323
Alison Lundergan Grimes
KY Secretary of State
Received and Filed
10/12/2017 10:18:57 AM
Fee receipt: \$20.00

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Certificate of Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS chapter 365, 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 The assumed name to be withdrawn is:

Western Kentucky Anesthesia, PLLC

2. The assumed name has been discontinued by:

Western Kentucky Anesthesia, PLLC

3. The certificate of assumed name was filed with the Secretary of State on Thursday, October 12, 2017
4. This certificate will be effective upon filing.
5. The current mailing address is:

4564 Fountain View Trce, Owensboro

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

Michelle Roberts, Authorized Rep 10/12/2017