

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  
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 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**laurel medcan dispensary**

2. The assumed name has been discontinued by

**RIKIAAN MEDCAN, LLC**

3. This filing will be effective on **Wednesday, February 5, 2025.**

4. The date the original certificate was filed:

**Tuesday, August 20, 2024**

5. The mailing address of the entity's principal office is

**711 east laurel rd, London, KY 40744**

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 **Authorized Party:**

**ASHVINKUMAR PATEL**

2/5/2025 8:39:00 PM