

**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 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:

**BLOUNT RURAL HEALTH CENTER**

2. The name of the business entity that is adopting the assumed name:

**HELPING HANDS HEALTH CLINIC, INC.**

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

**810 south main st, PO BOX 277, Elkton KY 42220-8812**

This filing will be effective on **Monday, March 3, 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 **Executive Director:**

**Anita J Powell**

3/3/2025 11:21:55 AM