

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

39755573

0995401  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
11/6/2017 3:43:34 PM  
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 Assumed Name**

**ASN**

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**Daybreak Health Products**

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

**Daybreak Sales LLC**

3. This application will be effective upon filing.

4. The mailing address is:

**1604 Auburn Dr, Lexington KY 40505**

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

**BRENT ERICKSON, Authorized Rep 11/6/2017**