

**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  
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Frankfort, KY 40602-0718  
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<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:

**BAR NONE MEDICAL DISPENSARY**

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

**ELIZABETH ANN RILEY HOLDINGS LLC**

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

4. The mailing address is:

**955 TARR TRACE #2105, LEXINGTON KY 40508**

This application will be effective on **Friday, June 14, 2024**.

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 **PRESIDENT:**

**ELIZABETH RILEY**

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