

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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**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:

THE KIDS CENTER FOR PEDIATRIC THERAPIES

2. The assumed name has been discontinued by

CEREBRAL PALSY K.I.D.S. CENTER, INC.

3. This application will be effective on **Wednesday, July 24, 2024.**

4. The date the original certificate was filed:

Friday, June 14, 2024

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

982 EASTERN PARKWAY, LOUISVILLE, KY 40217

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 **Attorney and Agent:**

Richard M. Wehrle

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