#### 21333179

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

1024603 Michael G. Adams Received and Filed 9/5/2023 1:46:48 PM

Fee receipt: \$20.00

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 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### **BRIGHTVIEW LLC**

2. The assumed name has been discontinued by:

### REBOUND RECOVERY, LLC

The date the origional certificate was filed: 3.

Thursday, August 27, 2020

The mailing address is: 4.

### 4200 MONTGOMERY ROAD, SUITE 400, CINCINNATI OH 45212

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

**Richard Lauer** 

9/5/2023