1066410

Michael G. Adams

Received and Filed

Fee receipt: \$20.00

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**CWA** 

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

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**

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 The assumed name to be withdrawn is:

## ROOTS

2. The assumed name has been discontinued by:

### **RESOLVE: RESTORATIVE PRACTICES LLC**

The date the origional certificate was filed: 3.

#### Thursday, October 5, 2023

The mailing address is: 4.

### 301 SOUTH CLAY STREET UNIT 303, LOUISVILLE KY 40202

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

Shannon Floyd

12/27/2023