

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

8/24/2022 12:23:19 PM

Fee receipt: \$20.00

Michael G. Adams
Secretary of State
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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:

A Plus Family HealthCare

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

A+ FAMILY HEALTHCARE, LLC

3. This application will be effective upon filing.

4. The mailing address is:

210 S Main St., Suite 101, P.O. Box 784, Brownsville KY 42210

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

Patrick Merritt