

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1324315.06

kdcoleman ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 12/27/2023 3:39 PM Fee Receipt: \$20.00

Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov		Certificate of Assumed Name (Domestic or Foreign Business Entity)			ASN	
fol	lowing statement:	365, the undersigned applies to wee Valley Veterinary Center	assume a name and,	for that purpose, submi	ts the	
2.	The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: SVP Pewee LLC					
Na	me must be identical to the name	e on record with the Secretary of S	tate.)			
3.	a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statuto a Domestic Limited	I Partnership Liability Partnership Partnership ss Trust ation Liability Company	a Foreign Limi a Foreign Bus a Foreign Cor a Foreign Limi a Foreign Limi a Foreign Stat a Foreign Limi a Foreign Unir	ooration ted Liability Company	iation	
4.	. The business is organized and existing in the state or country of					
5.	The mailing address is:					
30	07 La Grange Rd.	Pewee Valle	ey KY	40056		
Str	reet Address or Post Office Box I	Numbers Ci	ty	State Zip	<u> </u>	
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.						
(DIH ODE	John H. Price, III	CEO	12/7/23		

Printed Name

Title

Date

Authorized Party Signature