

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

46744479

0947820  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
3/22/2016 10:56:38 AM  
Fee receipt: \$20.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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:

**New Life Recovery, LLC**

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

**Central Kentucky Recovery Management LLC**

3. This application will be effective upon filing.

4. The mailing address is:

**90 Eastland Estates, Cynthiana KY 41031**

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

**Tracy Fryman, Authorized Rep 3/22/2016**