## Commonwealth of Kentucky Michael G. Adams, Secretary of State

1301921.06 Michael G. Adams Secretary of State Received and Filed 12/1/2024 7:02:38 PM

Fee receipt: \$20

C226

Michael G. Adams 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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

## **BLUEGRASS THERAPEUTIC CANNABIS**

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

## **PKND Health Services, PLLC**

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

301 Buffalo Road, Benton KY 42025

This filing will be effective on Sunday, December 1, 2024.

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Member/Owner**:

Thomas Perry Colley

12/1/2024 7:02:38 PM