

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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0481823
Michael G. Adams
KY Secretary of State
Received and Filed

8/1/2023 8:35:44 AM

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 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

EAST KENTUCKY CHIROPRACTIC OF HAZARD

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

KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC.

3. This application will be effective upon filing.

4. The mailing address is:

279 EAST MAIN STREET, HAZARD KY 41719

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

Ellen Vance
CEO

8/1/2023