

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

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
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:

**Warrior Medical**

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

**Warrior Medical Supply Company**

3. This application will be effective upon filing.

4. The mailing address is:

**3131 South 2nd Street, Unit 239, LOUISVILLE KY 40208**

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

**Curtis Shain**