# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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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:

## **Kentucky Jewish Student Center**

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

## **Chabad of the Bluegrass Incorporated**

- 3. This application will be effective upon filing.
- 4. The mailing address is:

#### 568 Columbia Ave, Lexington KY 40508

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

Shlomo Litvin, Authorized Rep 7/15/2018