

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed

12/22/2022 4:41:36 PM

Fee receipt: \$20.00

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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:

**QUIPT HOME MEDICAL PRESTONBURG**

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

**COOLEY MEDICAL EQUIPMENT, INCORPORATED**

3. This application will be effective upon filing.

4. The mailing address is:

**1019 TOWN DRIVE, WILDER KY 41076**

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

**Gregory Crawford**  
**President**  
12/22/2022