Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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 CHIRO OF LAWRENCEBURG

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

LAWRENCEBURG FAMILY CHIROPRACTIC, PLLC

3. The business is organized and existing in the state or country of **KY**

4. The mailing address is:

434 WEST WALNUT STREET, DANVILLE KY 40422

This application will be effective on **Wednesday, May 22, 2024.**

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

Callie Short
Owner
5/22/2024