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 chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

## jesh

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

## **JESH BOGUS FNP**

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

## 700 CAPITAL AVENUE, FRANKFORT KY 40601

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

Jenae Christensen