

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

C226

0987031.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
7/17/2024 9:42:20 AM  
Fee receipt: \$20

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:

**MINDBODYLIFE CHIROPRACTIC & DIAGNOSTIC CENTER**

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

**JONES-O'NEAL ENTERPRISES, PLLC**

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

4. The mailing address is:

**135 MORGAN STREET, VERSAILLES KY 40383**

This application will be effective on **Wednesday, July 17, 2024.**

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

Signature of individual signing on behalf of owner: **Brandi T. Jones**

7/17/2024 9:42:20 AM