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

0032533.04 Michael G. Adams Secretary of State Received and Filed 7/2/2024 10:03:26 AM

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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 Withdrawal of Assumed Name

**CWA** 

W266

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

#### **CARRIAGE HOUSE FOR KIDS**

2. The assumed name has been discontinued by

#### KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES, INC.

- 3. This application will be effective on Tuesday, July 2, 2024.
- 4. The date the original certificate was filed:

**Tuesday, June 25, 2024** 

5. The mailing address of the entity's principal office is

### 13101 EASTPOINT PARK BLVD, LOUISVILLE, KY 40223

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 **Executive Director**: **Lori Wilson** 

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