

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

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1326435.06
Michael G. Adams
Secretary of State
Received and Filed
10/30/2024 9:44:32 AM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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<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:

VITALITY HEALTH OF NKY

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

VITALITY HEALTH SOLUTIONS OF NKY, PLLC

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

4. The mailing address is:

2734 Chancellor Drive, Suite 213, Crestview Hills KY 41017

This filing will be effective on **Wednesday, October 30, 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 **Registered Agent:**

Thomas J. Schutzman

10/30/2024 9:44:32 AM