

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

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**LOUISVILLE CHIROPRACTIC AND INJURY CENTERS**

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

**WEST DIXIE SPINE AND REHAB CENTERS, P.S.C.**

3. This application will be effective upon filing.

4. The mailing address is:

**5105-102 DIXIE HWY, LOUISVILLE KY 40216**

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

**Ryan Grand**  
**President**  
3/27/2023