

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

34513006

1061040  
Michael G. Adams  
KY Secretary of State  
Received and Filed

6/29/2022 10:35:52 AM

Fee receipt: \$20.00

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

1. The assumed name is:

**MOORE CARE CLINIC**

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

**MD Moore, LLC**

3. This application will be effective upon filing.

4. The mailing address is:

**3961 W Ky 30, Booneville KY 41314**

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

**Michael D Moore**  
**Member**  
6/29/2022