

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

1052343.06
Michael G. Adams
Secretary of State
Received and Filed
3/19/2019 12:00:00 AM
Fee receipt: \$40

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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, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

MED-SAVE NICHOLASVILLE

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

Nicholasville Pharmacist Group LLC

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

4. The mailing address is:

1025 N Main Street, Suite-A, Nicholasville KY 40356

This application will be effective on **Wednesday, May 22, 2024.**

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

Fei Xoing
Owner
5/22/2024