

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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**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:

**CONSULTANTS FOR LONG TERM CARE, INC.**

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

**RETA A. UNDERWOOD, CONSULTANTS FOR LONG TERM CARE, INC.**

3. This application will be effective upon filing.

4. The mailing address is:

**1030 BLUEGRASS PARKWAY, LAGRANGE KY 40031**

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

**John F. Underwood**  
**Secretary/Treasurer**  
8/10/2023