## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

0686545 Michael G. Adams Received and Filed

6/12/2022 10:57:28 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

14204915

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:

### DBA ANGEL HOUSE CHILD DEVELOPMENT CENTER

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

# **OUTER LOOP CHILD CARE, INC.**

- This application will be effective upon filing. 3.
- The mailing address is: 4.

#### 2326 TYLER LN, LOUISVILLE KY 40205

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

> Ruth Ann Hornback **President** 6/12/2022