

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

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

1. The assumed name is:

**CARE NET PREGNANCY SERVICES OF NORTHERN KENTUCKY**

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

**PREGNANCY CENTER OF NORTHERN KENTUCKY, INC.**

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

4. The mailing address is:

**PO BOX 17688, COVINGTON KY 41017-0688**

This filing will be effective on **Monday, August 26, 2024.**

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

Signature of individual signing on behalf of **Finance Admin: Linda Shelton**

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