1421348.09

Fee Receipt: \$20.00

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/6/2025 1:16 PM



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)			ASN	
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to	o assume a nam	e and, for that pu	ırpose, submits	the
The assumed name is:	500111, 11N	<u> </u>	 		
2. The name of the business entity	/ (and in the case of general pa	artnership, the pa	rtners) that is/ar	e adopting the	assumed
Name must be identical to the name	OIANNA CRISI	S PRE	GNANC	y Hom	e, Inc
	Partnership Liability Partnership Partnership s Trust tion Liability Company y Trust Cooperative Association porated Non-profit Association	a Foreig	gn General Partr gn Limited Liabili gn Limited Partne gn Business Trus gn Corporation gn Limited Liabili gn Statutory Trus gn Limited Coope gn Unincorporate	ty Partnership ership st ty Company st erative Associat	
4486 SMALLHOUSE RD	BOWLING		KY	42104	
Street Address or Post Office Box No	ımbers (City	State	Zip	
declare under penalty of perjury un	- Amara VI	the forgoing is tru 16th V1a	e and correct.	1/15/20	25
Authorized Party Signature	€ Printed Name	T/	itle	/ Date	