

**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  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<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:

**KENTUCKY HEALTHCARE TRAINING**

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

**NEUROWAY, LLC**

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

4. The mailing address is:

**343 Waller Ave, Lexington KY 40504**

This application will be effective on **Wednesday, May 29, 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 **Manager: Don M Gash**  
5/29/2024 4:02:49 PM