ASN

# Commonwealth of Kentucky <sup>1136449</sup> Michael G. Adams, Secretary of Sti <sup>KY Secretary of State</sup>

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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

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

# **Renew Health and Wellness Clinic**

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

### Phelps Medical Limited Liability Company

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

### 218 Chestnut Oak Dr, Somerset KY 42503

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

#### **DIANA LINDA PHELPS**