

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

W266

0610850.12
Michael G. Adams
Secretary of State
Received and Filed
10/22/2024 2:46:39 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Certificate of Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

KENTUCKY MENTOR

2. The assumed name has been discontinued by

NATIONAL MENTOR HEALTHCARE, LLC

3. This filing will be effective on **Tuesday, October 22, 2024.**

4. The date the original certificate was filed:

Wednesday, January 18, 2012

5. The mailing address of the entity's principal office is

313 CONGRESS STREET, BOSTON, MA 02210

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 **Secretary: Gina L. Martin**

10/22/2024 2:46:39 PM