

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

W266

1332050.04
Michael G. Adams
Secretary of State
Received and Filed
12/26/2024 10:46:40 AM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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**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:

INSTITUTE FOR SURVIVOR CARE

2. The assumed name has been discontinued by

THE SAMARITAN WOMEN, INC.

3. This filing will be effective on **Thursday, December 26, 2024.**

4. The date the original certificate was filed:

Monday, December 16, 2024

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

208 N. 2ND AVENUE, LAGRANGE, KY 40031

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 **Director of Administration: Linda Thomas**
12/26/2024 10:46:40 AM