

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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bmarkey ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 9/18/2024 1:08 PM Fee Receipt: \$20.00

Division of Business Filings Certificate of Assumed Name ASN Business Filings (Domestic or Foreign Business Entity) P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov 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: LOUISVILLE PHARMACY 2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: VP PHARMACY PARTNERS Name must be identical to the name on record with the Secretary of State.) 3. The "real name" is (you must check one): a Domestic General Partnership a Foreign General Partnership a Foreign Limited Liability Partnership a Domestic Limited Liability Partnership a Domestic Limited Partnership a Foreign Limited Partnership a Foreign Business Trust a Domestic Business Trust a Domestic Corporation a Foreign Corporation a Foreign Limited Liability Company a Domestic Limited Liability Company a Domestic Statutory Trust a Foreign Statutory Trust a Domestic Limited Cooperative Association a Foreign Limited Cooperative Association a Domestic Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Association 4. The business is organized and existing in the state or country of $\frac{ARIZONA}{}$ 5. The mailing address is: 3930 OVPONT CIRCLE STE | LOUISVILLE KY 40207
Street Address or Post Office Box Numbers City State 7in

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

ERIK MAYES VP OFE
Printed Name Tit



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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:	•			rpose, submits the
1. The assumed name is: Loc	ISVILLE CON	ubondine bi	tarmacy	
2. The name of the business entire	ty (and in the case of ge	eneral partnership, the pa	rtners) that is/are	adopting the assumed
	ACY PARTNERS			
Name must be identical to the nam	e on record with the Sec	cretary of State.)		
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited	al Partnership Liability Partnership Partnership ss Trust ation Liability Company	a Forei	•	y Partnership ership t y Company
4. The business is organized and	l existing in the state or	country of AR1201)A	
5. The mailing address is:				
3930 DUPONT CIR		LOUISVILLE	KY State	40307 Zip
		·		
I declare under penalty of perjury	under the laws of Kent	cucky that the forgoing is t	rue and correct.	
Z-KNama	ERIK MA	MES UP OP	ERAMONS	9.10.24
Authorized Party Signature	Printed	Name	Titi	KY MAL