

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State

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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)

Authorized Party Signature	Printed Name		Title		Date	
Jamps I M	JENNIFER MINCER	A	SSISTANT SECRETARY		03/31/2023	
I declare under penalty of perjury und			oing is true and	correct.		
Street Address or Post Office Box Num	bers C	ity		State	Zip	
14 Electronics Avenue	Danvers		MA		01923	
 The mailing address is: 						
4. The entity is organized and existing	$_{ m a}$ in the state or country of $^{ m M}$	assachu	setts			
a Domestic Unincorpora	ated Non-profit Association		a Foreign Unine	corpora	ted Non-profit Association	
a Domestic Limited Cooperative Association			a Foreign Limited Cooperative Association			
a Domestic Statutory Trust			a Foreign Statutory Trust			
a Domestic Limited Liab			 a Foreign Limited Partnership a Foreign Business Trust X a Foreign Corporation a Foreign Limited Liability Company 			
a Domestic Corporation		×				
a Domestic Business Ti						
a Domestic Limited Par						
a Domestic Limited Liab			a Foreign Limited Liability Partnership			
The entity type is (you must check one): a Domestic General Partnership			a Foreign General Partnership			
Name must be identical to the real name		of Stat	e.)			
NeuroLogica Corp						
The real name of the business entites assumed name:	y (and in the case of general	partne	rsnip, the partne	rs) that	is/are adopting the	
1. The assumed name is: Boston Imag			L' Us a same	> that	is/ore adenting the	
Pursuant to the provisions of KRS 365 ollowing statement:		s to ass	sume a name an	u, ioi ti	at purpose, submite the	
	O.45 (I	- to 000	numo a name an	d for th	nat nurnose, submits the	
vww.sos.ky.gov						

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