

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

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1401553.06
Michael G. Adams
Secretary of State
Received and Filed
11/2/2024 6:46:58 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Certificate of Assumed Name

ASN

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:

HOPE-LINK HOMECARE KENTUCKY

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

HOPE LINK HOME CARE L.L.C.

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

5330 S 3rd St Suit 102, Louisville KY 40214

This filing will be effective on **Saturday, November 2, 2024.**

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 **Registered Agent:**

Faheema Feerayarre

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