



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
PO 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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Caretenders Home Health of Henderson

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Kentucky HomeCare of Henderson, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- Domestic General Partnership, Foreign General Partnership, Domestic Limited Liability Partnership, Foreign Limited Liability Partnership, Domestic Limited Partnership, Foreign Limited Partnership, Domestic Business Trust, Foreign Business Trust, Domestic Corporation, Foreign Corporation, Domestic Limited Liability Company (checked), Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

901 Hugh Wallis Road South Lafayette LA 70508
Street Address or Post Office Box Numbers City State Zip

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

Joshua L. Proffitt Joshua L. Proffitt President 12/01/2023
Authorized Party Signature Printed Name Title Date