

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

C226

0292955.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/10/2024 10:17:02 AM  
Fee receipt: \$20

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**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:

**SEXUAL VIOLENCE RESOURCE CENTER OF THE BLUEGRASS**

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

**BLUEGRASS RAPE CRISIS CENTER, INC.**

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

4. The mailing address is:

**P O BOX 1603, LEXINGTON KY 40588**

This filing will be effective on **Tuesday, September 10, 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 **Executive Director:**

**Latisha Jackson**

9/10/2024 10:17:02 AM