

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

37533629

1267156
Michael G. Adams
KY Secretary of State
Received and Filed

8/27/2023 11:16:30 AM

Fee receipt: \$20.00

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 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

THRIVE WELLNESS CLINIC

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

Bluegrass Health Centers, LLC

3. This application will be effective upon filing.

4. The mailing address is:

5900 US 60 #B, ASHLAND KY 41102

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

ALEX C MOORE

MEMBER

8/27/2023