



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0714461.06

mmoore
ASN

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
12/5/2023 3:05 PM
Fee Receipt: \$20.00

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: Three Rivers Home Care.

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

Louisa Home Care Services LLC

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

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

☐ a Domestic General Partnership

☐ a Foreign General Partnership

☐ a Domestic Limited Liability Partnership

☐ a Foreign Limited Liability Partnership

☐ a Domestic Limited Partnership

☐ a Foreign Limited Partnership

☐ a Domestic Business Trust

☐ a Foreign Business Trust

☐ a Domestic Corporation

☐ a Foreign Corporation

☒ a Domestic Limited Liability Company

☐ a 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
Street Address or Post Office Box Numbers

Lafayette
City

LA
State

70508
Zip

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

Joshua L. Proffitt
Authorized Party Signature

Joshua L. Proffitt
Printed Name

President
Title

12/01/2023
Date