

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
Received and Filed
9/6/2019 3:35:00 PM
Fee receipt: \$20.00

Alison Lundergan Grimes
Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

Kimberly Haskins

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

Counseling Services of Lexington, LLC

3. This application will be effective upon filing.

4. The mailing address is:

1018 E New Circle Road, Suite #105E, Lexington KY 40505

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

Kimberly Haskins