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## Commonwealth of Kentucky Michael G. Adams, Secretary of St

1051963 Michael G. Adams KY Secretary of State Received and Filed 7/26/2022 12:59:33 PM Fee receipt: \$20.00

ASN

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

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:

# THE MIDDLE PATH

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

### Sara Wilson Counseling LLC

- 3. This application will be effective upon filing.
- 4. The mailing address is:

#### 3032 ALVEY PARK DRIVE WEST, SUITE 301, OWENSBORO KY 42303

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

Sara E. Wilson
manager
7/26/2022