

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

C226

1358163.06

Michael G. Adams

Secretary of State

Received and Filed

7/19/2024 10:23:10 PM

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:

NEUROFEEDBACK WELLNESS INSTITUTE

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

LIV'D WELLNESS COUNSELING LLC

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

4. The mailing address is:

4605 Honeycomb Trail, Lexington KY 40509

This application will be effective on **Friday, July 19, 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 **Member: Jessica shannon**

7/19/2024 10:23:10 PM