



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1142365.06 dwilliams ASN
Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
P.O. 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 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Impact Outpatient Program - Addiction Treatment Center

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

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

3. The entity type is (you must check one):

- Domestic General Partnership
Domestic Limited Liability Partnership
Domestic Limited Partnership
Domestic Business Trust
Domestic Corporation
Domestic Limited Liability Company (checked)
Domestic Statutory Trust
Domestic Limited Cooperative Association
Domestic Unincorporated Non-profit Association
Foreign General Partnership
Foreign Limited Liability Partnership
Foreign Limited Partnership
Foreign Business Trust
Foreign Corporation
Foreign Limited Liability Company
Foreign Statutory Trust
Foreign Limited Cooperative Association
Foreign Unincorporated Non-profit Association

4. The entity is organized and existing in the state or country of Kentucky

5. The mailing address is:

1200 N Bardstown Rd Suite A-2 Mt Washington KY 40047
Street Address or Post Office Box Numbers City State Zip

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

Justin Broughton Manager 03/29/2022
Authorized Party Signature Printed Name Title Date