



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1142365.06**

dwilliams  
ASN

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 3/31/2022 12:55 PM  
 Fee Receipt: \$20.00

**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 - Louisville 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):

- |   |  |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership                   | <input type="checkbox"/> a Foreign General Partnership                   |
| <input type="checkbox"/> a Domestic Limited Liability Partnership         | <input type="checkbox"/> a Foreign Limited Liability Partnership         |
| <input type="checkbox"/> a Domestic Limited Partnership                   | <input type="checkbox"/> a Foreign Limited Partnership                   |
| <input type="checkbox"/> a Domestic Business Trust                        | <input type="checkbox"/> a Foreign Business Trust                        |
| <input type="checkbox"/> a Domestic Corporation                           | <input type="checkbox"/> a Foreign Corporation                           |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Company  | <input type="checkbox"/> a Foreign Limited Liability Company             |
| <input type="checkbox"/> a Domestic Statutory Trust                       | <input type="checkbox"/> a Foreign Statutory Trust                       |
| <input type="checkbox"/> a Domestic Limited Cooperative Association       | <input type="checkbox"/> a Foreign Limited Cooperative Association       |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

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

5. The mailing address is:

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

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

	<u>Justin Broughton</u>	<u>Manager</u>	<u>03/29/2022</u>
<b>Authorized Party Signature</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>