## **Commonwealth of Kentucky** Michael G. Adams, Secretary of Sti KY Secretary of State

Michael G. Adams Received and Filed 1/16/2020 9:03:06 AM Fee receipt: \$20.00

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

1. The assumed name is:

## **Green River SRNA Academy II**

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

Green River SRNA Academy, L.L.C.

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

Po Box 1522, 704 Campbellsville St, Liberty KY 42539

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

**Jennifer Phillips**