

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

1215766.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed:

7/29/2024 11:07 AM 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
Callannia a statements	365, the undersigned applies to IPLE CROWN SE		
<ol><li>The name of the business enti name:</li></ol>	ty (and in the case of general part	tnership, the partners) that is	s/are adopting the assumed
VITALITY SENIOR SERVICE	ES MANAGEMENT, LLC		
Name must be identical to the nam	e on record with the Secretary of S	state.)	
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Limited	al Partnership I Liability Partnership I Partnership Is Trust ation I Liability Company	a Foreign Unincorpo	ability Partnership artnership Trust on ability Company
130 ST. MATTHEWS AVE	NUE #302 LOUISVIL	LE KY	40207
Street Address or Post Office Box	Numbers C	ity State	Zip
I declare under penalty of perjury	under the laws of Kentucky that t		
Decly Deallows	<u>~</u>	Presiden	1 4/25/24
Authorized Party Signature	Printed Name	Title	Date