



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0740467.06 mmoore  
ASN  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
12/5/2023 3:06 PM  
Fee Receipt: \$20.00

Division of Business Filings Business Filings PO 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, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Twin Lakes Home Health

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:  
Twin Lakes Home Health Agency, LLC  
Name must be identical to the name on record with the Secretary of State.)

3. The "real name" 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

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

901 Hugh Wallis Road South Lafayette LA 70508  
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.

<u>Joshua L. Proffitt</u> Authorized Party Signature	<u>Joshua L. Proffitt</u> Printed Name	<u>President</u> Title	<u>12/01/2023</u> Date
---	---	---------------------------	---------------------------