

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

59260792

0536069
Michael G. Adams
KY Secretary of State
Received and Filed

4/10/2024 4:29:13 PM

Fee receipt: \$20.00

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

1. The assumed name is:

LIFESTYLE RESUMPTION INTEGRATIVE HEALTH

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

KLAUDE KOCAN, D.C., P.S.C.

3. This application will be effective upon filing.

4. The mailing address is:

1 WOODLAWN AVE, FT MITCHELL KY 41017

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

klaude kocan

owner

4/10/2024