

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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0320270  
Michael G. Adams  
KY Secretary of State  
Received and Filed

3/4/2022 3:00:04 PM

Fee receipt: \$20.00

Michael G. Adams  
Secretary of State  
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**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:

**D&D INFUSIONS**

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

**STULTZ HOME MEDICAL SUPPLIES, INC.**

3. This application will be effective upon filing.

4. The mailing address is:

**1617 ASHLAND RD., GREENUP KY 41144 USA**

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

**Bradley Stultz  
President**