

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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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 Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

Heartland Ambulance Service

2. The assumed name has been discontinued by

Crossroads Transportation Solutions LLC

3. This filing will be effective on **Tuesday, February 4, 2025.**

4. The date the original certificate was filed:

Thursday, July 23, 2020

5. The mailing address of the entity's principal office is

P.O. Box 107, Muncie, IN 47303

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Authorized Agent:**

Adrianne Eby

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