#### 40914276

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

1266971 Michael G. Adams Received and Filed

5/13/2024 4:03:46 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:

## **BERRY SWEET**

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

# **Cornerstone Therapy Solutions PLLC**

- This application will be effective upon filing. 3.
- The mailing address is: 4.

### 210 Cardinal Ave, Versailles KY 40383

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

> **Heather Jackson** Member 5/13/2024