

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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0031075.09
Michael G. Adams
Secretary of State
Received and Filed
2/12/2025 3:51:59 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Certificate of Assumed Name

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:

TINY TOTS TALKING

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

THE LEXINGTON HEARING & SPEECH CENTER, INC.

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

350 HENRY CLAY BLVD, LEXINGTON KY 40502

This filing will be effective on **Wednesday, February 12, 2025.**

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 **Executive Director:**

Marcey Ansley

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