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ASN

Alison Lundergan Grimes  
Kentucky Secretary of State  
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Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Assumed Name  
(Domestic or Foreign Business Entity)

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Louisville Exacta Care Chiropractic
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Pobst Exacta Care, PLLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |  |  |
|--|--|
| <input type="checkbox"/> a Domestic General Partnership                  | <input type="checkbox"/> a Foreign General Partnership           |
| <input type="checkbox"/> a Domestic Limited Liability Partnership        | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership                  | <input type="checkbox"/> a Foreign Limited Partnership           |
| <input type="checkbox"/> a Domestic Business Trust                       | <input type="checkbox"/> a Foreign Business Trust                |
| <input type="checkbox"/> a Domestic Corporation                          | <input type="checkbox"/> a Foreign Corporation                   |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company     |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_.  
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

<u>5129 Dixie Highway</u>	<u>Louisville</u>	<u>KY</u>	<u>40216</u>
Street Address or Post Office Box Numbers	City	State	Zip

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

Sandra Moon  
Authorized Party Signature

Sandra Moon  
Printed Name

Organizer  
Title

05/13/2015  
Date