ASN

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

Michael G. Adams Received and Filed 11/24/2023 6:05:33 PM Fee receipt: \$20.00

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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 Assumed Name**

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:

## HOLISTIC PATHWAYS HEALTH & WELLNESS

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

#### Hall Smith Enterprises LLC

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

#### 835 George Beaven Rd, Loretto KY 40037

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

> **BEVERLY SMITH** PRESIDENT-MEMBER 11/24/2023