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Michael G. Adams **Kentucky Secretary of State** Received and Filed: 6/12/2024 2:45 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Authorized Party Signature	Printed Name	Title	Date	
hall how	The state of the s	cky that the forgoing is true and corr	rect.	
Street Address or Post Office Box Num	nbers	State	Zip	
	JCAH,KY 42001			
	and the state of the		·	
5. The business is organized and			(Delayed effective date and/or time)	
4. This application will be effective or the delayed effective cannot be	ve upon filing, unless a do prior to the date the app	elayed effective date and/or time is Dication is filed. The date and/or tir	me is_06/12/2024	
a Domestic Limited Liability Company		a Foreign Limited Liability Company		
a Domestic Corporation		a Foreign Corporation		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership		
a Domestic General Partnership		a Foreign General Parti	a Foreign General Partnership	
3. The "real name" is (you must ch	•			
Name must be identical to the name or		f State.)		
mame: MARSHALL W. D.	AVIS DRUGS INC		tional o adopting the assumed	
2. The name of the business ent	ity (and in the case of ge	neral partnership, the partners) that	t is/are adopting the assumed	
1. The assumed name is: DAV	IS DRUGS			
following statement:		pplies to assume a name and, for t	hat purpose, submits the	
(502) 564-3490 www.sos.ky.gov				
Business Filings PO Box 718 Frankfort, KY 40602	(Domestic or Foreign Business Entity)		ASN	