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

1160577 Michael G. Adams Received and Filed

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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**

**ASN** 

55691516

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

1. The assumed name is:

## **Bluegrass Treatment Centers**

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

## **Bluegrass Treatment Center, LLC**

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

### 11053 Symington Cir, Louisville KY 40241

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

John L Russell