

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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<http://www.sos.ky.gov>

Certificate of Assumed Name

ASN

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:

ORTHOSSAGE OF LOUISVILLE

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

**ORTHOSSAGE SOFT-TISSUE INJURY & MANUAL LYMPHATIC DRAINAGE
CLINIC LLC**

3. This application will be effective upon filing.

4. The mailing address is:

3703 Taylorsville Road Suite 213, Louisville KY 40220

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

Amanda Nichols
Manager

12/28/2023