





1331277.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 1/5/2024 9:27 AM Fee Receipt: \$20.00

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. 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 following statement:  1. The assumed name is:	365, the undersigned applies to assumetown Drug	ime a name and, for that	purpose, submits the
2. The name of the business entire	ty (and in the case of general partners	ship, the partners) that is/	are adopting the assumed
name: Spencer Drug II, LLC			
	e on record with the Secretary of State.	.)	
3. The "real name" is (you must check one):  a Domestic General Partnership  a Domestic Limited Liability Partnership  a Domestic Limited Partnership  a Domestic Business Trust  a Domestic Corporation  a Domestic Limited Liability Company  a Domestic Limited Liability Company  a Domestic Statutory Trust  a Domestic Limited Cooperative Association  a Domestic Unincorporated Non-profit Association  4. The business is organized and existing in the state or country of  a Foreign General Partnership  a Foreign Limited Liability Partnership  a Foreign Limited Liability Company  a Foreign Statutory Trust  a Foreign Limited Cooperative Association  a Foreign Unincorporated Non-profit Association			bility Partnership tnership rust n bility Company rust operative Association
5. The mailing address is:			
1874 Hillgate Drive	Lexington	KY	40515
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.			
tellow days	Katie Hardewig	Paralegal	12/21/2023
Authorized Party Signature	Printed Name	Title	Date