

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

C226

0165478.09
Michael G. Adams
Secretary of State
Received and Filed
3/26/1982 12:00:00 AM
Fee receipt: \$20

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

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

1. The assumed name is:

SOUTHWEST CENTER

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

SOUTHWEST CENTER FOR THE DEVELOPMENTALLY DISABLED, INC.

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

8009 TERRY RD., LOUISVILLE KY 40258

This application will be effective on **Friday, May 24, 2024.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **President & CEO:**

Dana Slucher

5/24/2024 1:42:20 PM