

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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1225378  
Michael G. Adams  
KY Secretary of State  
Received and Filed

8/11/2022 7:31:54 PM

Fee receipt: \$20.00

Michael G. Adams  
Secretary of State  
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**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:

**THE JOINT CHIROPRACTIC TATES CREEK**

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

**MOVEMENT WELLNESS 2 PLLC**

3. This application will be effective upon filing.

4. The mailing address is:

**4101 TATES CREEK CENTRE DR STE 152, Lexington KY 40517**

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

**Carla Stampfli**  
**Secretary**  
8/11/2022