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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/12/2024 10:00 AM Fee Receipt: \$20.00

mmoore ASN

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 I (Domestic or Foreign Busine		ASN
Pursuant to the provisions of KRS following statement: 1. The assumed name is: 2. The name of the business enti- name: Hill Pharmaceuticals, LLC Name must be identical to the nam	nn's Apothecary ty (and in the case of general part	nership, the partners) that is/	•••••
3. The "real name" is (you must che a Domestic Genera a Domestic Limited a Domestic Limited a Domestic Busines a Domestic Corpora √ a Domestic Limited a Domestic Statuto a Domestic Limited	eck one): Il Partnership Liability Partnership Partnership ss Trust ation Liability Company	a Foreign General Pa a Foreign Limited Lial a Foreign Limited Par a Foreign Business T a Foreign Corporation a Foreign Limited Lial a Foreign Statutory T a Foreign Limited Coo	bility Partnership tnership rust n bility Company rust
4. The business is organized and	existing in the state or country of	Kentucky	······································
5. The mailing address is:			
119 East Main Street, PO B	ox 316 Salem	KY	42078
Street Address or Post Office Box I		-	Zip t.
$\gamma \gamma \gamma \lambda$	Tashena Hil	owner,sole member	12/10/2024

Printed Name

Title

Date

Anthorized Party Signature