

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed
3/4/2021 12:49:57 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 chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

Alliance Clinic

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

Catherine Permin DNP-APRN LLC

3. This application will be effective upon filing.

4. The mailing address is:

285 Rosemont Gdn Unit R, Lexington KY 40503

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

Catherine Permin