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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/13/2023 2:35 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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
1. The assumed name is: New Y	S 365, the undersigned applies to a ork Blood Center Enterprises ity (and in the case of general part			
	e on record with the Secretary of S			
The "real name" is (you must chea Domestic General a Domestic Limited a Domestic Limited a Domestic Busines a Domestic Corporal a Domestic Limited a Domestic Limited a Domestic Statutor a Domestic Limited	eck one): al Partnership Liability Partnership Partnership ss Trust ation Liability Company by Trust Cooperative Association porated Non-profit Association	a F a F a F a F a F	Foreign General Part Foreign Limited Liab Foreign Business Tr Foreign Corporation Foreign Limited Liab Foreign Statutory Tru Foreign Limited Cool Foreign Unincorpora	oility Partnership tnership tust uility Company
310 East 67th Street	New York		NY	10065
Street Address or Post Office Box N	lumbers City	,	State	Zip .
declare under penalty of perjury u	inder the laws of Kentucky that the			
uthorized Party Signature	Printed Name	SVP,	General Counsel Title	117123 Date

111 2/22/2022 Walter Minne Oalias