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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/16/2023 3:09 PM Fee Receipt: \$20.00

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 Name (Domestic or Foreign Business Entity)

ASN

mmoore

ASN

	rsuant to the provisions of KRS 368 lowing statement:	5, the undersigned applies to assume a name and, for that purpose, submits the
1.	The assumed name is:	NYBCe CCS
2.	The name of the business entity (a	nd in the case of general partnership, the partners) that is/are adopting the assumed

Name must be identical to the name on record with the Secretary of State.)	
New York Blood Center, Inc.	
name:	

3. The "real name" is (you must check one):

faile is (for must check one).		
a Domestic General Partnership		a Foreign General Partnership
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership
a Domestic Limited Partnership		a Foreign Limited Partnership
a Domestic Business Trust		a Foreign Business Trust
a Domestic Corporation	×	a Foreign Corporation
a Domestic Limited Liability Company		a Foreign Limited Liability Company
a Domestic Statutory Trust		a Foreign Statutory Trust
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association
a Domestic Unincorporated Non-profit Association		a Foreign Unincorporated Non-profit Association
	NV	

4. The business is organized and existing in the state or country of _____

5. The mailing address is:

310 East 67th Street	New York	NY	10065	
Street Address or Post Office Box Numbers	City	State	Zip	<u> </u>

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

Auto	Jordana G. Schwartz	SVP, General Counsel	11/7/23	
Authorized Farty Signature	Printed Name	Title	Date	