#### 2346582

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. Ky Secretary of State

1279983 Michael G. Adams Received and Filed 5/22/2023 3:43:19 PM

Fee receipt: \$20.00 **Certificate of Assumed Name** 

ASN

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

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:

### **COMBS COUNSELING**

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

## Combs Counseling & Coaching, LLC

- This application will be effective upon filing. 3.
- The mailing address is: 4.

### 103 SEABISCUIT COURT, ELIZABETHTOWN KY 42701

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

> **Matthew D Doane Authorized Representative** 5/22/2023