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

Michael G. Adams Received and Filed 5/24/2023 10:30:55 AM Fee receipt: \$20.00

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

## **Certificate of Assumed Name**

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:

# MIRALEA

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

#### **MASONIC HOME INDEPENDENT LIVING II, INC.**

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

#### 330 MASONIC HOME DR, MASONIC HOME KY 40041

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

> Michael G. Swansburg, Jr. **Counsel and Registered Agent** 5/24/2023

ASN