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, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

### MEDICAL SLUSH

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

#### **FUSS CORPORATION**

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

#### 5513 Poplar Park Blvd, Louisville KY 40228

This filing will be effective on Tuesday, March 25, 2025.

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

Signature of individual signing on behalf of **President: Benjamin Fussenegger** 

3/25/2025 5:15:20 PM

C226

0790585.09 Michael G. Adams Secretary of State Received and Filed 3/25/2025 5:15:20 PM Fee receipt: \$20

## ASN