

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

32067497

0883685  
Michael G. Adams  
KY Secretary of State  
Received and Filed

1/16/2024 1:54:19 PM

Fee receipt: \$20.00

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**

**ASN**

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:

**TRICORE HEALING CENTER**

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

**Core Chiropractic Center, Inc.**

3. This application will be effective upon filing.

4. The mailing address is:

**100 ENVOY CIRCLE STE 101, LOUISVILLE KY 40299**

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

**James W. Harding III**

**Owner**

1/16/2024