



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

<b>0951587.06</b>	mmoore ASN
<b>Michael G. Adams</b> Kentucky Secretary of State	
Received and Filed: 12/8/2023 10:11 AM	
Fee Receipt: \$20.00	

<b>Division of Business Filings</b> <b>Business Filings</b> PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Certificate of Assumed Name</b> (Domestic or Foreign Business Entity)	<b>ASN</b>
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Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: **Norton Home Health - Louisville**
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:  
Home Health of Jefferson Co, LLC  
Name must be identical to the name on record with the Secretary of State.)

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

- |  |  |
|--|--|
| <input type="checkbox"/> a Domestic General Partnership                  | <input type="checkbox"/> a Foreign General Partnership           |
| <input type="checkbox"/> a Domestic Limited Liability Partnership        | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership                  | <input type="checkbox"/> a Foreign Limited Partnership           |
| <input type="checkbox"/> a Domestic Business Trust                       | <input type="checkbox"/> a Foreign Business Trust                |
| <input type="checkbox"/> a Domestic Corporation                          | <input type="checkbox"/> a Foreign Corporation                   |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company     |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

<u>901 Hugh Wallis Road South</u>	<u>Lafayette</u>	<u>LA</u>	<u>70508</u>
<small>Street Address or Post Office Box Numbers</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

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

<u><i>Joshua L. Proffitt</i></u>	<u>Joshua L. Proffitt</u>	<u>President</u>	<u>12/01/2023</u>
<small>Authorized Party Signature</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>