

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Secretary of State  
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**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**THRIVE COUNSELING AND PSYCHOTHERAPY, LLC**

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

**A.C. MOORE USA CO., L.L.C.**

3. This application will be effective upon filing.

4. The mailing address is:

**2248 LONG BRANCH ROAD, PO BOX # 3, Fallsburg KY 41230**

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

**ALEX CAIN MOORE, MEMBER / CEO**