

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

C226

0711489.06
Michael G. Adams
Secretary of State
Received and Filed
6/10/2024 8:51:49 PM
Fee receipt: \$20

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

1. The assumed name is:

REVIVE CHIROPRACTIC CENTERS OF HAMBURG

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

CHIRO ONE WELLNESS CENTER OF HAMBURG PLLC

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

1890 Star Shoot Parkway #185, Lexington KY 40509

This application will be effective on **Monday, June 10, 2024**.

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 **MANAGER: Nicholas Leverette**

6/10/2024 8:51:49 PM