



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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ASN

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
10/9/2024 2:26 PM  
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Division of Business Filings  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Assumed Name  
(Domestic or Foreign Business Entity)

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: Kentucky Physical Therapy Services of Somerset.

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Kentucky Physical Therapy Services of Somerset, LLC

Name must be identical to the name on record with the Secretary of State.)

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

☐ a Domestic General Partnership

☐ a Foreign General Partnership

☐ a Domestic Limited Liability Partnership

☐ a Foreign Limited Liability Partnership

☐ a Domestic Limited Partnership

☐ a Foreign Limited Partnership

☐ a Domestic Business Trust

☐ a Foreign Business Trust

☐ a Domestic Corporation

☐ a Foreign Corporation

☒ a Domestic Limited Liability Company

☐ 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:

901 Hugh Wallis Road South  
Street Address or Post Office Box Numbers

Lafayette  
City

LA  
State

70508  
Zip

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

Authorized Party Signature

Joshua L. Proffitt  
Printed Name

President  
Title

10/07/2024  
Date