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

0625890.12 Michael G. Adams Secretary of State Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# Certificate of Withdrawal of Assumed Name

**CWA** 

W266

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

#### GENES

2. The assumed name has been discontinued by

### **FARMER H, LLC**

- 3. This filing will be effective on Tuesday, August 20, 2024.
- 4. The date the original certificate was filed:

Tuesday, August 20, 2024

5. The mailing address of the entity's principal office is

## 8001 SHELBYVILLE ROAD, LOUISVILLE, KY 40222

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: Tracy W

Farmer

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