



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0660692.06

mmoore
ASN

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
12/5/2023 3:17 PM
Fee Receipt: \$20.00

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: Lifeline Health Care of Fulton.

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

Lifeline Home Health Care of Fulton, 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 Lafayette LA 70508
Street Address or Post Office Box Numbers City State Zip

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

Joshua L. Proffitt Joshua L. Proffitt President 12/01/2023
Authorized Party Signature Printed Name Title Date