

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

C226

0624093.06
Michael G. Adams
Secretary of State
Received and Filed
1/13/2025 6:00:23 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:

THE SKYRISE SCHOOL

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

KINDERCARE EDUCATION LLC

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

4. The mailing address is:

5005 MEADOWS ROAD, LAKE OSWEGO OR 97035

This filing will be effective on **Monday, January 13, 2025**.

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 **Corporate Secretary:**
Kathryn Gallagher

1/13/2025 6:00:23 PM