# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

1073793 Alison Lundergan Grimes KY Secretary of State Received and Filed

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

### **Certificate of Assumed Name**

**ASN** 

60764156

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

#### **LUZ-OM Holistic Wellness**

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

## LUZ-OM, LLC

- 3. This application will be effective upon filing.
- 4. The mailing address is:

#### 5005 Higgins View Ln, Fisherville KY 40023

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Yenny Ho