

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

36832005

1073793  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
10/30/2019 11:57:16 PM  
Fee receipt: \$20.00

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**

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 Center**

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**