

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

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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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:

NORTHKEY COMMUNITY CARE

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

NORTHERN KENTUCKY MENTAL HEALTH - MENTAL RETARDATION REGIONAL BOARD, INC.

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

4. The mailing address is:

P. O. BOX 2680, COVINGTON KY 41012

This filing will be effective on **Tuesday, November 19, 2024.**

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 **CEO: Dr.Owen Nichols**

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