

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 Withdrawal of
Assumed Name**

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

BLUEGRASS DEMENTIA CARE

2. The assumed name has been discontinued by

HOSPICE OF THE BLUEGRASS, INC.

3. This filing will be effective on **Monday, August 26, 2024.**

4. The date the original certificate was filed:

Thursday, August 8, 2024

5. The mailing address of the entity's principal office is

1733 HARRODSBURG ROAD, LEXINGTON, KY 40504

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 **President/CEO:**

Elizabeth D. Fowler

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