

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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0150196.09
Michael G. Adams
Secretary of State
Received and Filed
8/8/2024 3:08:15 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:

BLUEGRASS DEMENTIA CARE

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

HOSPICE OF THE BLUEGRASS, INC.

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

4. The mailing address is:

1733 HARRODSBURG ROAD, LEXINGTON KY 40504

This filing will be effective on **Thursday, August 8, 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 **PRESIDENT AND CEO: ELIZABETH D. FOWLER**

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