

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

L904
1060396.06
Michael G. Adams
Secretary of State
Received and Filed
5/31/2019 12:00:00 AM
Fee receipt: \$40

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 CHIRO OF DANVILLE

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

DANVILLE FAMILY CHIROPRACTIC 2019, PLLC

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

4. The mailing address is:

430 W. WALNUT STREET, DANVILLE KY 40422

This application will be effective on **Wednesday, May 22, 2024.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Callie Short

Owner

5/22/2024