

**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
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 DANVILLE WEST

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

DANVILLE FAMILY CHIROPRACTIC 2019, PLLC

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

4. The mailing address is:

430 W. WALNUT STREET, DANVILLE KY 40422

This filing will be effective on **Friday, October 4, 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 **Owner: Callie Short**
10/4/2024 1:31:30 PM