#### 51603978

# Commonwealth of Kentucky 0514999 Michael G. Adams, Secretary of St KY Secretary of State

0514999 Michael G. Adams KY Secretary of State Received and Filed 3/8/2024 11:34:50 AM

Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Withdrawal of Assumed Name

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### MY FOOD MY CHOICE

2. The assumed name has been discontinued by:

## LYKINS NUTRITION BY DESIGN, LLC

3. The date the origional certificate was filed:

Monday, June 12, 2023

4. The mailing address is:

#### 2242 STRATHMOOR BLVD, LOUISVILLE KY 40205-2657

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Terri Lykins** 

3/8/2024