

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**BLUEGRASS WOUND CARE & HYPERBARICS**

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

**BLUEGRASS DRYP WOUND CARE, LLC**

3. This application will be effective upon filing.

4. The mailing address is:

**330 21st Street, Ashland KY 41101**

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

**Shelly Miller**

**cno**

11/15/2023