

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
Received and Filed
4/11/2019 10:06:57 AM
Fee receipt: \$20.00

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Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

Eating Anxiety Therapy Clinic

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

BE WELL PROVIDERS, LLC

3. This application will be effective upon filing.

4. The mailing address is:

11824 Ransum Drive, Suite 100, Middletown KY 40243

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

Justin Wallen