#### 5577580

# **Commonwealth of Kentucky** Michael G. Adams, Secretary of Sti KY Secretary of State

1099009 Michael G. Adams Received and Filed

11/9/2020 6:18:36 PM 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 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:

#### Strive Health Care Center

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

# Strive Health KY 2, LLC

- 3. This application will be effective upon filing.
- The mailing address is: 4.

### 1600 Stout St Ste 2000, Denver CO 80202

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

James Baird