

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

0881512.06

balimonos ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/23/2020 1:53 PM Fee Receipt: \$20.00

P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)			ASN	
Pursuant to the provisions of KRS following statement:	365, the undersigned applies	to assume a name and, for the	nat purpose, submits the	1	
1. The assumed name is: Univers	sal Medical Supply				
2. The name of the business enti-	ty (and in the case of general p	partnership, the partners) that	is/are adopting the assu	umed	
name:			e ²) 2708		
Blue & Whitespace LLC					
Name must be identical to the name on	record with the Secretary of State.		· · · · · · · · · · · · · · · · · · ·	*	
3. The "real name" is (you must che	eck one):				
a Domestic Genera	l Partnership	a Foreign General	a Foreign General Partnership		
a Domestic Limited	Liability Partnership	a Foreign Limited I	a Foreign Limited Liability Partnership		
a Domestic Limited Partnership		a Foreign Limited F	a Foreign Limited Partnership		
a Domestic Busines	ss Trust	a Foreign Business	a Foreign Business Trust		
a Domestic Corpora		a Foreign Corporat	a Foreign Corporation		
a Domestic Limited		a Foreign Limited L	a Foreign Limited Liability Company		
a Domestic Statuto	No.		a Foreign Statutory Trust		
	Cooperative Association		a Foreign Limited Cooperative Association		
a Domestic Uninco	rporated Non-profit Association	a Foreign Unincorporated Non-profit Association			
4. This application will be effective the delayed effective cannot be pr	re upon filing, unless a delayed ior to the date the application	d effective date and/or time is is filed. The effective date is_	provided. The effective April 23, 2020	date or	
5. The business is organized and	existing in the state or country	y of Kentucky			
6. The mailing address is:					
201 Breckenridge Lane, Suite 201	Louisvill	e Kentucky	40207		
Street Address or Post Office Box Num	bers City	State	Zip	 '	
I declare under penalty of perjury	under the laws of Kentucky tha	at the forgoing is true and corr	,	/20	
Authorized Party Signature	Printed Name	Title	Date	<u> </u>	