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Michael G. Adams Kentucky Secretary of State Received and Filed: 5/18/2022 3:46 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Renewal (Domestic or Foreign Busin			RAN
Pursuant to the provisions of KR the following statements:	S 365, the undersigned applies to	o renew an assumed r	name and, for th	nat purpose, submits
1. This certifies that the assume	d name of the business entity is:	Carlo Adams		
	in a contract of the contract	Iroquois Neighbor	hood Associa	ation
2. The assumed name is being i	renewed by: Iroquois Civic Cli	ub, Incorporated		
(The "real name" of entity or partne	rs)			
3. The "real name" is (you must of a Domestic General Part a Domestic Limited Liab a Domestic Limited Part a Domestic Business True a Domestic Corporation a Domestic Limited Liab a Domestic Statutory True a Domestic Limited Cool a Domestic Unincorpora	tnership ility Partnership nership ust ility Company	a Foreign Genera a Foreign Limited a Foreign Limited a Foreign Busines a Foreign Corpora a Foreign Limited a Foreign Statutor a Foreign Unincor	Liability Partner Partnership ss Trust ation Liability Compa ry Trust Cooperative As	iny esociation
4. The business entity is organize	zed and existing in the state or co	ountry of Kentuc	ЖУ	<u></u> *
5. The mailing address of the bu	isiness entity is:			
P.O. BOX 9233	LOl	JISVILLE	KY	40209
Street Address or Post Office Box Nur	mbers City		State	Zip
I declare under penalty of perjury	y under the laws of Kentucky that	the forgoing is true ar	nd correct.	
ann Ranses	ANI	N RAMSER	ا ا	1/12/2022
Signature of Authorized Party	Printed N	ame	Date	