



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0164418.09

dwilliams ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/17/2022 10:51 AM Fee Receipt: \$20.00

Certificate of Assumed National Street, KY 40602 502) 564-3490 www.sos.ky.gov Certificate of Assumed National Company of				ASN
Pursuant to the provisions of KRS 3 following statement: 1. The assumed name is: Cureton 2. The real name of the business e	n-Hill Insurance Agency			•
assumed name:	•			
Energy Insurance Agency, Inc. Name must be identical to the real na		of State)		
	Partnership iability Partnership Partnership Trust ion iability Company Trust cooperative Association orated Non-profit Association	a Foreign Limite a Foreign Busir a Foreign Corp a Foreign Limite a Foreign Statu a Foreign Limite a Foreign Uninc	ed Liability Partnership ed Partnership ness Trust oration ed Liability Company	
5. The mailing address is:				
3008 Atkinson Avenue	Lexington	KY	40509	
Street Address or Post Office Box Nu	imbers Clty	/	State Zip	
I declare under penalty of perjury un	nder the laws of Kentucky that the Mark Kelder	e forgoing is true and e	correct.	
Authorized Party Signature	Printed Name	Title	Date	