

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0045443.09

bAlimonos ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 4/20/2021 7:31 AM Fee Receipt: \$20.00

Division of Business Filings Business Filings 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:	•			pose, submits the
The assumed name is:	CAA STEREO	WAREHUSE		
2. The name of the business entiname:	ty (and in the case of genera	I partnership, the partners	s) that is/are a	adopting the assumed
Name must be identical to the name		y of State.)	<del></del>	,
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Limited a Domestic Uninco	al Partnership I Liability Partnership I Partnership ss Trust ation I Liability Company ry Trust I Cooperative Association rporated Non-profit Associati	a Foreign Lir a Foreign Bu a Foreign Co a Foreign Lir a Foreign Ur	mited Liability atutory Trust mited Cooper	Partnership ship
4. The business is organized and	l existing in the state or coun	try of CCN	100C7	·
5. The mailing address is:  151 M. M. H. Street Address or Bost Office Box	TABOR RA	LEXIALTER	Ky	40509
I declare under penalty of perjury	under the laws of Kentucky to the BRAN (A)	that the forgoing is true and the forgoing is true and the forgoing is true and the forgoing is true.	nd correct.	Zip  4/15/21
Authorized Party Signature	Printed Name	Title		Date