

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

0016759.09

mmullins ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/4/2020 8:08 AM Fee Receipt: \$20.00

Division of 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)					
Pursuant to the provisions of KRS following statement:	365, the undersigne	d applies to assum	e a name and, for	that purpose, submits	the	
1. The assumed name is: INDET	RUST	-			·	
2. The name of the business enti	ty (and in the case of	general partnershi	p, the partners) tha	at is/are adopting the	assumed	
name:						
Independence Bank of Kentucky					_	
Name must be identical to the name on	record with the Secretar	y of State.)				
3. The "r <u>eal</u> name" is (you must ch	eck one):					
a Domestic General Partnership			a Foreign General Partnership			
a Domestic Limited		a Foreign Limited Liability Partnership				
a Domestic Limited Partnership			a Foreign Limited Partnership			
a Domestic Business Trust			a Foreign Business Trust			
a Domestic Corpor	ation		_a Foreign Corpora	ation		
a Domestic Limited Liability Companya Fore				preign Limited Liability Company		
a Domestic Statutory Trust			a Foreign Statutory Trust			
a Domestic Limited	Cooperative Associa	ition	a Foreign Limited	Cooperative Associa	ition	
	rporated Non-profit A		a Foreign Uninco	rporated Non-profit A	ssociation	
 This application will be effective the delayed effective cannot be properties. The business is organized and the mailing address is: 	rior to the date the ap	plication is filed. T	he effective date is		ctive date or	
PO Box 948		Owensboro	KY	42302	·	
Street Address or Post Office Box Num	bers	City	State	Zip		
I declare under penalty of perjury	Josh Searcy	ntucky that the forg	Partner	4/22/2020		
Authorized Party Signature	Printed Name		Title	Date		