



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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kdcoleman
ASN

Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
Business Filings
PO 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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: AUTOSMART1

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: LEITCHFIELD AUTOMOTIVE, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- Domestic General Partnership
Foreign General Partnership
Domestic Limited Liability Partnership
Foreign Limited Liability Partnership
Domestic Limited Partnership
Foreign Limited Partnership
Domestic Business Trust
Foreign Business Trust
Domestic Corporation
Foreign Corporation
Domestic Limited Liability Company (checked)
Foreign Limited Liability Company

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is (Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

602 S MAIN ST LEITCHFIELD KY 42754
Street Address or Post Office Box Numbers City State Zip

I declare under penalty of perjury, under the laws of Kentucky that the forgoing is true and correct.

Authorized Party Signature Pamela Bernard MEMBER 6/3/22
Printed Name Title Date