

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0023167.09

dwilliams ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed:

10/4/2021 9:40 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:	,	assume a name and, fo	or that purp	oose, submits the
The assumed name is: Larir	ner & Norton, Inc.			·
2. The name of the business enti	ty (and in the case of general pa	rtnership, the partners) t	that is/are	adopting the assumed
name:		•		
HILLERICH & BRADSE				
Name must be identical to the nam	e on record with the Secretary of	State.)		
3. The "real name" is (you must ch		·		
a Domestic General Partnershipa Foreign General Partnership				•
a Domestic Limited Liability Partnershipa Foreign Limited Liability Partnership				•
a Domestic Limited Partnershipa Foreign Limited Partnership				ship
a Domestic Business Trust				
a Domestic Corporation a Foreign Corporation				_
a Domestic Limited Liability Company a Foreign Limited Liability Company				Company
a Domestic Statutory Trust a Foreign Statutory Trust a Foreign Statutory Trust			•	, i
a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association a Foreign Unincorpora			•	
_II_a Domestic Uninco	rporated Non-protit Association	a Foreign Uninc	corporated	Non-profit Association
4. The business is organized and	existing in the state or country of	_{f:} Kentucky		
5. The mailing address is:	oxioting in the state of section, s			·
o. The maining address is.				
800 W. Main Street	Louis	ville K	Y	40202
Street Address or Post Office Box	Numbers C	City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that	the forgoing is true and o	correct.	
Frank Nahuse	Kevin Harbeson	CFO	09	9/30/2021
Authorized Party Signature	Printed Name	Title		Date