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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/30/2021 2:48 PM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of As (Domestic or Forei	ssumed Name ign Business Entity	')	ASN
Pursuant to the provisions of KRS following statement: 1. The assumed name is:		, .	a name and, for that pur	pose, submits the
2. The name of the business ent			the partners) that is/are	adopting the assumed
name: BILLER INSURANCE (& FINANCIAL SER	VICES PSC		·
3. The "real name" is (you must che a Domestic General a Domestic Limited a Domestic Limited a Domestic Busined a Domestic Corporal a Domestic Limited a Domestic Statute a Domestic Limited	neck one): al Partnership d Liability Partnership d Partnership ess Trust ration d Liability Company	a a a a a a a a a a	Foreign General Partner Foreign Limited Liability Foreign Limited Partner Foreign Business Trust Foreign Corporation Foreign Limited Liability Foreign Statutory Trust Foreign Limited Cooper Foreign Unincorporate	y Partnership vship t y Company t
4. The business is organized an	d existing in the state o	or country of KY		
5. The mailing address is:			•	
4718 RAZOR CREEK WA	Υ	LOUISVILLE	KY	40299
Street Address or Post Office Box	Numbers	City	State	Zip
I declare under penalty of perjury	under the laws of Ken	ntucky that the forgoi	ng is true and correct.	
Framo A. Seller	FRANCIS A.	BILLER P	RESIDENT	6-24-2021
Authorized Party Signature	Printed	d Name	Title	Date