## Commonwealth of Kentucky 0303602 Michael G. Adams, Secretary of Sti KY Secretary of State

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# Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

## Harlan County Economic Development Authority

2. The name of the business entity that is adopting the assumed name is:

## HARLAN COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY, INC.

- 3. This application will be effective upon filing.
- 4. The mailing address is:

#### Po Box 85, Harlan KY 40831

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Colby Kirk**