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Michael G. Adams Kentucky Secretary of State

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of With (Domestic or Foreign	drawal of Assumed Business Entity)	Name	CWA
Pursuant to the provisions of KR submits the following statements		plicant applies to withdra	w an assumed name an	d, for that purpose,
1. The assumed name to be wit	(The name must be	identical to the name on reco		te.)
2. The assumed name has been	i discontinued by	ESS EQUIPMENT CO		
3. This application will be effecti				
4. The date the original certifica	te was filed: JANUARY	13, 2021		
5. The "real name" is (you must come a Domestic General Part a Domestic Limited Liab a Domestic Limited Part a Domestic Business Transport a Domestic Corporation a Domestic Limited Liab	tnership ility Partnership nership ust	a Foreign Limit a Foreign Busi a Foreign Corp	ness Trust	
6. The mailing address is:	1 - 0		107	40004
117 E. Adams Street		range	KY	40031
Street Address or Post Office Box Nur I declare under penalty of perjury	under the laws of Kentuck		state and correct. President	zip 01/24/2024
Signature of Authorized Party		nted Name	Title	Date