Commonwealth of Kentucky Michael G. Adams, Secretary of St

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

- 1. This certifies that the assumed name of the business entity is:
- 2. The assumed name is being renewed by:

Plant Manager

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

Po Box 55634, Lexington KY 40555

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

Madison D Green 2/16/2024