REVIEWED
By tamsin.wade at 1:59 pm, 7/10/23

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
7/10/2023 2:49 PM
Fee Receipt: $20.00

ASN

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)

Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: LeaseTerm Solutions Insurance Services .

2. The real name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

DepositIQ & RentersIQ Insurance Agency, LLC

Name must be identical to the real name on record with the Secretary of State.)

3. The entity type is (you must check one):

a Domestic General Partnership	____ a Foreign General Partnership
a Domestic Limited Liability Partnership	a Foreign Limited Liability Partnership
a Domestic Limited Partnership	a Foreign Limited Partnership
____ a Domestic Business Trust	a Foreign Business Trust
a Domestic Corporation	a Foreign Corporation
____ a Domestic Limited Liability Company	X a Foreign Limited Liability Company
a Domestic Statutory Trust	a Foreign Statutory Trust
a Domestic Limited Cooperative Association	a Foreign Limited Cooperative Association
a Domestic Unincorporated Non-profit Association	a Foreign Unincorporated Non-profit Association

4. The entity is organized and existing in the state or country of Delaware .

5. The mailing address is:

2201 Lakeside Blvd., Attn: Legal Dept.	Richardson	TX	75082-4305
Street Address or Post Office Box Numbers	**City**	**State**	**Zip**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

DocuSigned by:

David Monk

~~Authorized Party Signature~~	David Monk	VP & Secretary for On-Site Labs, Inc., Sole Mmbr of DIQ & RIQ Ins Agency, LLC	6/13/2023
Authorized Party Signature	**Printed Name**	**Title**	**Date**

(7/20)