

**REVIEWED**

By tamsin.wade at 11:08 am, 7/19/23

**1286604.06**mmoore  
ASN**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
7/19/2023 11:12 AM  
Fee Receipt: \$20.00**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE****Division of Business Filings**  
**Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov**Certificate of Assumed Name**  
(Domestic or Foreign Business Entity)**ASN**

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

1. The assumed name is: Justworks Insurance Services2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Crimson Sage LLC

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

3. The "real name" 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☒ a Foreign Limited Liability Company4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_.  
(Delayed effective date and/or time)5. The business is organized and existing in the state or country of Delaware

6. The mailing address is:

P.O Box 7119 Church Street Station New York NY 10008-7119

Street Address or Post Office Box Numbers

City

State

Zip

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

Authorized Party Signature

Adia Myles

Printed Name

Special Manager 7/19/2023

Title

Date