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<b>Michael G. Adams</b> <b>Kentucky Secretary of State</b>	
Received and Filed: 2/27/2024 3:08 PM Fee Receipt: \$20.00	



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**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)**

**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: Garrard County Distilling Co.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:  
Staghorn, Inc.

**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                           | <input checked="" type="checkbox"/> a Foreign Corporation |
| a Domestic Limited Liability Company             | 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 business is organized and existing in the state or country of Delaware

5. The mailing address is:

450 Southern Soul Way	Lancaster	KY	40444
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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

<small>DocuSigned by:</small> <i>Wade Honeycutt</i>	Wade Honeycutt	Authorized Rep	February 13, 2024
<b>Authorized Party Signature</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>