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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/13/2025 2:11 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 (Domestic or Foreign Busin		ASN				
Pursuant to the provisions of KRS following statement: 1. The assumed name is: 2. The name of the business enti- name:	Maple Leaf	Home Crec	tions.				
Name must be identical to the name on record with the Secretary of State.)							
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited	Il Partnership Liability Partnership Partnership ss Trust ation Liability Company	a Foreign Limited a Foreign Busine a Foreign Corpor a Foreign Limited a Foreign Statute a Foreign Limited	d Liability Partnership d Partnership ess Trust ation d Liability Company				
4. The business is organized and existing in the state or country of <u></u>							
5. The mailing address is: AUTUMN 705 Hapte MN Street Address or Post Office Box	Numbers	owd K	<u>40475</u>				
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.							

Kimberly Deaton CEO 2-21-25 Authorized Party Signature Printed Name Title Date