

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed  
5/2/2023 9:41:39 AM  
Fee receipt: \$20.00

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Secretary of State  
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**Certificate of Assumed Name**

**ASN**

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

1. The assumed name is:

**NO-DOG TOOLS INC**

2. The name of the business entity that is adopting the assumed name is:

**AUBREY TOOLS, INC.**

3. This application will be effective upon filing.

4. The mailing address is:

**520 N. 3RD ST, ATTN JULIA AUBREY, NICHOLASVILLE KY 40356**

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

**Julia Aubrey**  
**President**  
5/2/2023