

0538605.06

balimonos  
ASN

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
12/7/2020 7:52 AM  
Fee Receipt: \$20.00



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

|   |   |            |
|---|---|------------|
| <b>Division of Business Filings</b><br><b>Business Filings</b><br>PO Box 718<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | <b>Certificate of Assumed Name</b><br>(Domestic or Foreign Business Entity) | <b>ASN</b> |
|---|---|------------|

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: All Clear Radon
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: AA Home Inspection, LLC

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

3. The "real name" is (you must check one):

- |  |  |
|--|--|
| <input type="checkbox"/> a Domestic General Partnership                  | <input type="checkbox"/> a Foreign General Partnership           |
| <input type="checkbox"/> a Domestic Limited Liability Partnership        | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership                  | <input type="checkbox"/> a Foreign Limited Partnership           |
| <input type="checkbox"/> a Domestic Business Trust                       | <input type="checkbox"/> a Foreign Business Trust                |
| <input type="checkbox"/> a Domestic Corporation                          | <input type="checkbox"/> a Foreign Corporation                   |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company     |

4. 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 \_\_\_\_\_

(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

|   |              |           |              |
|---|--------------|-----------|--------------|
| <u>10620 Pegasus CT</u>                   | <u>Union</u> | <u>KY</u> | <u>41091</u> |
| 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.

|                            |                       |                |                   |
|----------------------------|-----------------------|----------------|-------------------|
|                            | <u>Michael Patton</u> | <u>Manager</u> | <u>11.25.2020</u> |
| Authorized Party Signature | Printed Name          | Title          | Date              |