#### **Commonwealth of Kentucky** 0685306

62993912

Michael G. Adams Michael G. Adams, Secretary of St Ky Secretary of State Received and Filed

> 4/5/2024 11:07:20 AM Fee receipt: \$20.00

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# Certificate of Withdrawal of **Assumed Name**

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### TRAVELIN' TOM'S OF NKY AND NWC

2. The assumed name has been discontinued by:

## KONA ICE, INC.

3. The date the origional certificate was filed:

Thursday, December 28, 2023

The mailing address is: 4.

#### 5945 CENTENNIAL CIRCLE, FLORENCE KY 41042

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

**Tony Lamb** 

4/5/2024