## Commonwealth of Kentucky 0685306 Michael G. Adams, Secretary of St KY Secretary of State

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ASN

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

# Certificate of Assumed Name

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:

## TRAVELIN' TOM'S OF NKY AND NWC

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

### KONA ICE, INC.

- 3. This application will be effective upon filing.
- 4. The mailing address is:

#### 5945 CENTENNIAL CIRCLE, FLORENCE KY 41042

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

**Tony Lamb CEO** 12/28/2023