

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/5/2023 2:38 PM

Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)  ASN			
following statement:	365, the undersigned applies to as	ssume a name and, for that	purpose, submits the	
1. The assumed name is:			· · · · · · · · · · · · · · · · · · ·	
<ol><li>The name of the business entiname:</li><li>Leap Service Partners, LLC</li></ol>	ty (and in the case of general partne	ership, the partners) that is/	are adopting the assumed	
	e on record with the Secretary of Sta	ite.)		
3. The "real name" is (you must ch	eck one):	·		
a Domestic General Partnership		a Foreign General Partnership		
a Domestic Limited Liability Partnership		~	a Foreign Limited Liability Partnership	
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Corporation		a Foreign Corporation		
a Domestic Limited Liability Company		X a Foreign Limited Liability Company		
a Domestic Statutory Trust		a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association		
a Domestic Unincorporated Non-profit Association		a Foreign Unincorpora	a Foreign Unincorporated Non-profit Association	
4. The business is organized and	existing in the state or country of _	Alabama		
5. The mailing address is:				
200 Dan Tibbs Road NW	Huntsville	AL	35806	
Street Address or Post Office Box Numbers City State Z		Zip		
I declare under penalty of perjury  Authorized Party Signature	under the laws of Kentucky that the  John Cerasuolo  Printed Name	c forgoing is true and correct Chief Executive Officer Title	9/5/2023 Date	
Authorized Farty Signature	Finted Name	ille	Date	