

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1133907.04

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Michael G. Adams Kentucky Secretary of State Received and Filed: 6/30/2023 11:06 AM Fee Receipt: \$20.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of V (Domestic or Fore			lame	CWA
Pursuant to the provisions of KR submits the following statements		applicant app	lies to withdraw	an assumed nam	ne and, for that purpose,
1. The assumed name to be wit	hdrawn is ASC Equip	ment			
	(The name mus	t be identical to t		with the Secretary	of State.)
2. The assumed name has beer	n discontinued by (Must be	the exact name	of the entity or par	tners)	
3. This application will be effecti	1020			,	
4. The date the original certificat	te was filed: 2/16/2021				
5. The "real name" is (you must c	heck one):				
a Domestic General Par	tnership		Foreign Genera	l Partnership	
a Domestic Limited Liab	ility Partnership	a Foreign Limited Liability Partnership			
a Domestic Limited Part	nership	a Foreign Limited Partnership			
a Domestic Business Trust		a Foreign Business Trust			
a Domestic Corporation		a Foreign Corporation			
a Domestic Limited Liability Company		a Foreign Limited Liability Company			
6. The mailing address is:					
5521 Cannon Drive, Suite	103 M	onroe		NC	28110
Street Address or Post Office Box Nur	nbers	City		State	Zip
l declare under penalty of perjury	under the laws of Kent	ucky that the f	orgoing is true a	nd correct.	
		Joel A	Davis S	r Presid	dent 6/29/23
Signature of Authorized Party		Printed Name		Title	Date