

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0551909.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed:

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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
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to a	ssume a name and, for that p	ourpose, submits the
1. The assumed name is:			
2. The name of the business enti	ity (and in the case of general partr	nership, the partners) that is/a	re adopting the assumed
name:		· · · · · · · · · · · · · · · · · · ·	
COMPU-LINK CORPORATION			
Name must be identical to the name	e on record with the Secretary of St	ate.)	
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		X a Foreign Corporation	
a Domestic Limited Liability Company		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 Unincorporated Non-profit Association	
4. The business is organized and	existing in the state or country of	Michigan, USA	
5. The mailing address is:			
3900 Capital City Blvd.	Lansing	MI	48906
Street Address or Post Office Box	Numbers City	y State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the	e forgoing is true and correct.	
Gem We	James Wortman	Secretary	2/17/25
Authorized Party Signature	Printed Name	Title	Date