

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0799109.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 7/19/2024 8:30 AM 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 En		ASN
following statement: 1. The assumed name is: FO	RTNA Equipment, L ty (and in the case of general partnersh	LC .	·
name: MHS Equipment, LLC	e on record with the Secretary of State.)	p, the partiers) that is/a	ne adopting the assumed
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited	I Partnership I Liability Partnership I Partnership I Partnership I Partnership I Liability Company I Liability Company I Cooperative Association I Cooperated Non-profit Association		ility Partnership nership ust ility Company ust
4. The business is organized and	I existing in the state or country of \underline{Ke}	ntucky	•
5. The mailing address is:			
131 Griffin Way	Mt. Washington	KY	40047
Street Address or Post Office Box	Numbers City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the forg	going is true and correct.	

Authorized Party Signature