THOSE STATES

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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/26/2025 9:32 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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:	3 365, the undersigned applies to ass	sume a name and, for that pu	rpose, submits the
1. The assumed name is:			
2. The name of the business enti	ity (and in the case of general partne	rship, the partners) that is/are	adopting the assumed
name:			
Fortera, LLC	e on record with the Secretary of Stat	e.)	
		o.,	
3. The "real name" is (you must check one): a Domestic General Partnership a Foreign Genera		a Foreign General Partn	ership
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 Corpor	ration	a Foreign Corporation	
a Domestic Limited Liability Company		a Foreign Limited Liability Company	
a Domestic Statuto		a Foreign Statutory Trust	
	Cooperative Association	a Foreign Limited Cooperative Association	
	prporated Non-profit Association	a Foreign Unincorporate	d Non-profit Association
The business is organized and	d existing in the state or country of	Centucky	
5. The mailing address is:			
4100 Guthrie Road	Guthri	e Kentucky	42234
Street Address or Post Office Box	Numbers City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the		
/s/ Allen Yoder	Allen Yoder	Member Title	3-25-2025
Authorized Party Signature	Printed Name	11116	