



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings**  
**Business Filings**  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Reservation or Renewal of Reserved Name      RES  
(Domestic or Foreign Entity)

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386, the undersigned applies to reserve or renew a name and, for that purpose, submits the following statement:

1. The activity request is:

- ☒ Reservation  
☐ Renewal

2. The proposed name to be reserved or renewed with the Secretary of State for a period of 120 days is  
**Discount Motors Auto Insurance**

3. The name is reserved as:

- ☐ A corporate name (KRS 271B, KRS 273 or KRS 274)  
☒ A limited liability company name (KRS 275)  
☐ A limited partnership name (KRS 362)  
☐ A limited liability partnership name (KRS 362)  
☐ A business trust name (KRS 386)

4. The name and mailing address of the applicant is:

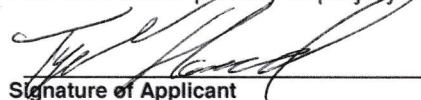
**110 Orchard Hills Dr**      **Jeffersonville**      **IN**      **47130**

Street Address or Post Office Box Numbers      City      State      Zip

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective date  
and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

      **TYLER HOWARD**      **Mr**      **3 SEP 18**  
Signature of Applicant      Printed Name      Title      Date

**FILING INSTRUCTIONS  
RESERVATION OR RENEWAL OF RESERVED NAME**

**NAME**

The name must be available according to the records with the Office of the Secretary of State. In order to confirm if a name is available, visit the organizational search tool at [www.sos.ky.gov](http://www.sos.ky.gov). A name may be renewed thirty days prior to the expiration.

**WHO MAY SIGN**

The document must be signed by the applicant.

**APPLICANT ADDRESS**

The applicant address is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where all correspondence from the Office of the Secretary of State will be mailed.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the applicant address. If the applicant wishes for the document to be sent to an alternate address other than the applicant address, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**DELAYED EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

**NUMBER OF COPIES**

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for this document is \$15.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Alison Lundergan Grimes  
Office of the Secretary of State  
PO Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.