

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0063013.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/26/2024 2:24 PM 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 Entity) ASN		
Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:			
1. The assumed name is: The Sny	yder Group		
2. The name of the business entit	y (and in the case of general pa	artnership, the partners) that is/a	are adopting the assumed
name:			
Ameriprise Financial Services, LLC			
Name must be identical to the name	e on record with the Secretary of	State.)	
a Domestic Limiteda Domestic Businesa Domestic Corporaa Domestic Limiteda Domestic Statutosa Domestic Limited	I Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association rporated Non-profit Association		cility Partnership tnership rust cility Company
5. The mailing address is:	,		
707 2nd Ave S., Minneapolis, MN 5	5474		
Street Address or Post Office Box I	Numbers	City State	Zip
declare under penalty of perjury	under the laws of Kentucky that Stephanie Mitchell	the forgoing is true and correct Authorized Person	03/26/2024

Printed Name

Title

Date

Authorized Party Signature