



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN  
Michael G. Adams  
Kentucky Secretary of State  
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<b>Division of Business Filings</b> <b>Business Filings</b> P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Certificate of Assumed Name</b> <b>(Domestic or Foreign Business Entity)</b>	<b>ASN</b>
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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: Armstrong Financial Strategies Group
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:  
Ameriprise Financial Services, LLC

**Name must be identical to the name on record with the Secretary of State.)**

3. The "real name" is (you must check 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                           | a Foreign Corporation   |
| a Domestic Limited Liability Company             | <input checked="" type="checkbox"/> 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 Delaware

5. The mailing address is:

<u>707 2nd Ave S</u>	<u>Minneapolis</u>	<u>MN</u>	<u>55474</u>
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

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

	<u>Stephanie Mitchell</u>	<u>Authorized Person</u>	<u>01/02/2025</u>
<b>Authorized Party Signature</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>