



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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AS

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
5/1/2020 8:20 AM  
Fee Receipt: \$20.00

Division of Business Filings  
Business Filings  
PO 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: Black Sheep Brick Oven Bakery and Catering.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Hemphill Community Center, Inc

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

3. The "real name" is (you must check one):

- |   |  |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership                   | <input type="checkbox"/> a Foreign General Partnership                   |
| <input type="checkbox"/> a Domestic Limited Liability Partnership         | <input type="checkbox"/> a Foreign Limited Liability Partnership         |
| <input type="checkbox"/> a Domestic Limited Partnership                   | <input type="checkbox"/> a Foreign Limited Partnership                   |
| <input type="checkbox"/> a Domestic Business Trust                        | <input type="checkbox"/> a Foreign Business Trust                        |
| <input checked="" type="checkbox"/> a Domestic Corporation                | <input type="checkbox"/> a Foreign Corporation                           |
| <input type="checkbox"/> a Domestic Limited Liability Company             | <input type="checkbox"/> a Foreign Limited Liability Company             |
| <input type="checkbox"/> a Domestic Statutory Trust                       | <input type="checkbox"/> a Foreign Statutory Trust                       |
| <input type="checkbox"/> a Domestic Limited Cooperative Association       | <input type="checkbox"/> a Foreign Limited Cooperative Association       |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is 04/29/2020 1:44 PM.  
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky.

6. The mailing address is:

|   |                 |           |              |
|---|-----------------|-----------|--------------|
| <u>PO Box 142</u>                         | <u>Jackhorn</u> | <u>KY</u> | <u>41825</u> |
| Street Address or Post Office Box Numbers | City            | State     | Zip          |

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

Gwen Johnson

Board Member Secretary 5/1/2020