



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

1119516.06

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ASN

Michael G. Adams
Kentucky Secretary of State
 Received and Filed:
 3/2/2023 2:23 PM
 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: LSC Print Solutions
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: LSC Communications MCL LLC

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 type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input checked="" type="checkbox"/> a Foreign Limited Liability Company |

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 _____


(Delayed effective date
and/or time)

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

6. The mailing address is:

<u>531 Roselane Street, Suite 400</u>	<u>Marietta</u>	<u>GA</u>	<u>30060</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.

<u></u>	<u>Maureen Kopp</u>	<u>Assistant Sec.</u>	<u>March 1, 2023</u>
Authorized Party Signature	Printed Name	Title	Date