

COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Corporations 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
 The assumed name is:	ity (and in the case of general pa	rtnership, the partners) that	Is/are adopting the accumulation
Name must be identical to the name or 3. The "real name" is (you must ch	record with the Secretary of State.)	Winery LI	
a Domestic General Particle a Domestic Limited Liabil a Domestic Limited Partner a Domestic Business Trus a Domestic Corporation a Domestic Limited Liability	ity Partnership ership st	a Foreign General Partne a Foreign Limited Liability a Foreign Limited Partne a Foreign Business Trust a Foreign Corporation a Foreign Limited Liability	y Partnership rship
 This application will be effective or the delayed effective cannot be 	e upon filing, unless a delayed eff prior to the date the application is	ective date and/or time is p	∌ iS
5. The business is organized and6. The mailing address is:	existing in the state or country of	Ken	(Delayed effective date and/or time)
Street Address or Post Office Box Number	Aptob Clear	State	40313
declare under penalty of perjury under the second s	nder the laws of Kentucky that the William Yars Ch Printed Name		ot. $\frac{3/1/201}{\text{Date}}$