



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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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 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Postscript
- The real name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
Stodge Inc.

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

- The entity type is (you must check one):

<ul style="list-style-type: none"> <input type="checkbox"/> a Domestic General Partnership <input type="checkbox"/> a Domestic Limited Liability Partnership <input type="checkbox"/> a Domestic Limited Partnership <input type="checkbox"/> a Domestic Business Trust <input type="checkbox"/> a Domestic Corporation <input type="checkbox"/> a Domestic Limited Liability Company <input type="checkbox"/> a Domestic Statutory Trust <input type="checkbox"/> a Domestic Limited Cooperative Association <input type="checkbox"/> a Domestic Unincorporated Non-profit Association 	<ul style="list-style-type: none"> <input type="checkbox"/> a Foreign General Partnership <input type="checkbox"/> a Foreign Limited Liability Partnership <input type="checkbox"/> a Foreign Limited Partnership <input type="checkbox"/> a Foreign Business Trust <input checked="" type="checkbox"/> a Foreign Corporation <input type="checkbox"/> a Foreign Limited Liability Company <input type="checkbox"/> a Foreign Statutory Trust <input type="checkbox"/> a Foreign Limited Cooperative Association <input type="checkbox"/> a Foreign Unincorporated Non-profit Association
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4. The entity is organized and existing in the state or country of Delaware

5. The mailing address is:

3370 N Hayden Rd, Suite 251-123	Scottsdale	AZ	85251
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>/s/ Elliot Ginsburg</u>	ELLIOT GINSBURG	SECRETARY	9/05/2024
Authorized Party Signature	Printed Name	Title	Date