



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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ASN
Michael G. Adams
Kentucky Secretary of State
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Division of 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, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Tyler Insurance Filings.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

National Online Registries, 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 | ☒ 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. 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 effective date is _____.

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

6. The mailing address is:

<u>7701 College Boulevard</u>	<u>Overland Park</u>	<u>KS</u>	<u>66210</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>Authorized Party Signature</u>	<u>Bill Van Asselt</u>	<u>Assistant Secretary</u>	<u>06/04/2023</u>
	Printed Name	Title	Date