## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0979619 Alison Lundergan Grimes KY Secretary of State Received and Filed 10/23/2019 2:09:13 PM Fee receipt: \$20.00

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Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Assumed Name

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

## HOMETOWN MOTORSPORTS

2. The name of the business entity that is adopting the assumed name is:

## **New Returns LLC**

- 3. This application will be effective upon filing.
- 4. The mailing address is:

469 S Kentucky Ave, Madisonville KY 42431

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**Kelly Potter**