

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1361819.06
Michael G. Adams
Secretary of State
Received and Filed
5/1/2024 12:00:00 AM
Fee receipt: \$40

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Secretary of State
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Certificate of Assumed Name

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:

FUSION FORCE TRAINING

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

BLUEGRASS KAYAK RENTALS LLC

3. The business is organized and existing in the state or country of **KY**

4. The mailing address is:

228 Meader Street , Campbellsville KY 42718

This application will be effective on **Tuesday, May 21, 2024.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Jennifer Mallea
CEO
5/21/2024