ASN

## **Commonwealth of Kentucky** Michael G. Adams, Secretary of Sti KY Secretary of State

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Michael G. Adams 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:

# **Astryd's Kreations**

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

### **SAOK Solutions, LLC**

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

#### 725 S 37th St, Louisville KY 40211

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

**Astrid Shoulders**