

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

38720879

0510125  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
8/18/2017 10:44:43 AM  
Fee receipt: \$20.00

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

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

Pursuant to the provisions of KRS chapter 365, the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

**MILLENNIAL DISTRIBUTION**

2. The assumed name has been discontinued by:

**THE BOTANY BAY, INC.**

3. The certificate of assumed name was filed with the Secretary of State on Monday, August 10, 2015

4. This certificate will be effective upon filing.

5. The current mailing address is:

**420 E NEW CIRCLE RD, LEXINGTON**

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

**GINNY SAVILLE, Authorized Rep 8/18/2017**