

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0645427.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 9/3/2024 8:36 AM Fee Receipt: \$20.00

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		
following statement:  1. The assumed name is:  Gra	s 365, the undersigned applies to as a systone Partners  ty (and in the case of general partners, lnc.		
Name must be identical to the name	e on record with the Secretary of Sta	te.)	
a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statuto a Domestic Limited	Il Partnership Liability Partnership Partnership ss Trust ation Liability Company ry Trust Cooperative Association rporated Non-profit Association	<del></del>	bility Partnership rtnership rust n bility Company
2121 Airline Drive Ste 520	Metairie	LA	70001
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 correc	ot.
Signed by: Michael J. Baldwin 2F11CCA78B0246D	Michael J. Baldw	in President	8/30/24
Authorized Party Signature	Printed Name	Title	Date