

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1356328.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/1/2024 2:45 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718,	Certificate of Assumed Name (Domestic or Foreign Business Entity)		ASN
Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov			
Pursuant to the provisions of KRS following statement:	365, the undersigned applies	to assume a name and, for tha	t purpose, submits the
1. The assumed name is: Cape			
2. The name of the business enti	ty (and in the case of general p	artnership, the partners) that is	lare adopting the assumed
name:			
Private Tech Inc.			
Name must be identical to the nam	e on record with the Secretary o	f State.)	
3. The "real name" is (you must che	eck one):		
a Domestic General Partnershipa Foreign General Partnership			artnership
a Domestic Limited Liability Partnershipa Foreign Limited Liability Partnership			ibility Partnership
_La Domestic Limited Partnershipa Foreign Limited Partnership			
a Domestic Business Trusta Foreign Business Trust			
_la Domestic CorporationX_a Foreign Corporation			
a Domestic Limited Liability Company a Foreign Limited Liability Company			ibility Company
a Domestic Statutory Trusta Foreign Statutory Trust			rust
a Domestic Limited Cooperative Associationa Foreign Limited Cooperative Association			operative Association
a Domestic Unincol	rporated Non-profit Association	a Foreign Unincorpo	rated Non-profit Association
4. The business is organized and	existing in the state or country	of Delaware	
5. The mailing address is:			
2021 L St NW, Ste 101-165		ington DC	20036-4914
Street Address or Post Office Box I	Numbers	City State	Zip
I declare under penalty of perjury	under the laws of Kentucky tha	t the forgoing is true and correc	zt.
Z(John Doyle	CEO/President	5 Aur 2024
Authorized Party Signature	Printed Name	Title	Date