# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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0988432 Alison Lundergan Grimes KY Secretary of State Received and Filed

7/20/2017 9:16:41 PM 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 Assumed Name**

**ASN** 

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:

### **Bluegrass Payment Services**

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

## M & M Holdings LLC

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

#### 185 Valor Ct, Paducah KY 42003

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

Christopher Anthony Antonites, Authorized Rep 7/20/2017