## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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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:

## **Full Service Oil Company**

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

## **FULL SERVICE AUTOMOTIVE, LLC**

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

308 N Main St, Owenton KY 40359

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

Lana Marlene Browning, Authorized Rep 9/5/2018