

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

C226

1420733.06  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/13/2025 10:32:36 AM  
Fee receipt: \$20

Michael G. Adams  
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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

**MASTERSON'S APPLIANCE**

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

**MASTERSON'S APPLIANCE OF BARDSTOWN, LLC**

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

**967 Frost Avenue, Bardstown KY 40004**

This filing will be effective on **Monday, January 13, 2025.**

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

Signature of individual signing on behalf of **Manager: Labreesa Haffner**

1/13/2025 10:32:36 AM