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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/12/2025 11:42 AM Fee Receipt: \$20.00

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COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings 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)

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: White Farms Breaking and Training LLC

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed

name:

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

| •••••• | | |
|-----------------|--|---|
| | a Domestic General Partnership | a Foreign General Partnership |
| | a Domestic Limited Liability Partnership | a Foreign Limited Liability Partnership |
| | a Domestic Limited Partnership | a Foreign Limited Partnership |
| | a Domestic Business Trust | a Foreign Business Trust |
| | a Domestic Corporation | a Foreign Corporation |
| | a Domestic Limited Liability Company | a Foreign Limited Liability Company |
| | a Domestic Statutory Trust | a Foreign Statutory Trust |
| | a Domestic Limited Cooperative Association | a Foreign Limited Cooperative Association |
| | a Domestic Unincorporated Non-profit Association | a Foreign Unincorporated Non-profit Association |
| 4 The | business is organized and existing in the state or country of | Ventuck |
| T . 1110 | Subligger to stagging of an a system in the stage of ordering to | |

5. The mailing address is:

| 11097 | RICHARDSVILLE RD | BOWKING | GREEN | KY | 42101 |
|-----------------|-------------------------|---------|-------|-----|-------|
| of Address or F | Post Office Box Numbers | City | State | Zin | |

Street Address Office Box Numbers

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

- RYNA WHITE 2/11/2025 OWNER/MEN Black Title Date **Printed Name** Authorized Party Signature