## **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Withdrawal of **Assumed Name**

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

# FORDS GIN CO

2. The assumed name has been discontinued by:

## **THE 86 COMPANY**

3. The date the origional certificate was filed:

### Monday, March 9, 2020

The mailing address is: 4.

### 850 DIXIE HIGHWAY, LOUISVILLE KY 40210

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

#### Jaileah X. Huddleston

11/13/2023

11/13/2023 11:23:53 AM Fee receipt: \$20.00

1071235

Michael G. Adams

Received and Filed

**CWA**