



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

1077835.06

kdcoleman ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/5/2022 2:25 PM Fee Receipt: \$20.00

ASN

Division of Business Filings
Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490

The property of the property o

www.sos.ky.gov			
Pursuant to the provisions of KRS 365.0 following statement:		assume a name and,	for that purpose, submits the
1. The assumed name is: Dexter Insu	rance Agency		
2. The real name of the business entity assumed name: Rightmyer Ins Agency LLC Name must be identical to the real name of	and in the case of general par) that is/are adopting the
3. The entity type is (you must check one): a Domestic General Partn a Domestic Limited Liabilit a Domestic Business Trus a Domestic Corporation a Domestic Limited Liabilit a Domestic Limited Liabilit a Domestic Statutory Trus a Domestic Limited Coope a Domestic Unincorporate 4. The entity is organized and existing in	ership y Partnership ership t y Company t erative Association d Non-profit Association	a Foreign Genera a Foreign Limited a Foreign Limited a Foreign Busines a Foreign Corpora a Foreign Limited a Foreign Statutor a Foreign Limited a Foreign Unincor	Liability Partnership Partnership ss Trust ation Liability Company
5. The mailing address is:			
129 North 4th St	Danville	KY	40422
Street Address or Post Office Box Numbe	rs City	Sta	tte Zip
I declare under penalty of perjury under t	the laws of Kentucky that the form	3	6//2/2
Authorized Party Signature	Printed Name	Title	Date