

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Assumed Name** 

1365036.06

mmoore ASN

**ASN** 

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/20/2024 3:08 PM Fee Receipt: \$20.00

P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Foreign Busines:	s Enuty)	
The name of the business entity name:	th American Pro	perties-Atla ership, the partners) that is	nta, Ltd.
North American Properties-Andrew must be identical to the name			
	Partnership Liability Partnership Partnership S Trust Liability Company Trust Cooperative Association Dorated Non-profit Association	<del></del> -	ability Partnership artnership Trust on ability Company
5. The mailing address is:	3 , _		
212 EAST THIRD STREET,	SUITE 300 Cincinnati	Ohio	45202
Street Address or Post Office Box N	umbers City	State	Zip
I declare under penalty of perjury u	nder the laws of Kentucky that the	000	May 20, 2024
Authorized Party Signature	Printed Name	Title	Date

**Division of Business Filings** 

**Business Filings**