

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

**Certificate of Assumed Name** 

0507837.09

mmoore ASN

**ASN** 

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/2/2023 10:36 AM Fee Receipt: \$20.00

P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic or Foreign Busi	ness En	tity)		
Pursuant to the provisions of KRS following statement:	365, the undersigned applies	to assum	e a name and, for that p	purpose, submits the	
1. The assumed name is:	onstruction Group				
2. The name of the business entit	ty (and in the case of general p	artnershi	p, the partners) that is/a	are adopting the assumed	
name:					
Consolidated Electrical Distributors,					
Name must be identical to the name	e on record with the Secretary o	f State.)			
3. The "real name" is (you must che	eck 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 Foreign Corporation		
a Domestic Corporation		X			
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 Delaw	vare		
5. The mailing address is:					
1920 Westridge Drive	Irving		TX	75038	
Street Address or Post Office Box	Numbers	City	State	Zip	
I declare under penalty of perjury	under the laws of Kentucky tha	t the forg	oing is true and correct		

V.P., Secretary

Title

4/28/2023

Date

David T. Bradford

**Printed Name** 

**Authorized Party Signature** 

**Division of Business Filings** 

**Business Filings**