

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0507837.09

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 5/2/2023 10:39 AM Fee Receipt: \$20.00

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) ASN			ASN	
Pursuant to the provisions of KRS	365, the undersigned applies	to assum	e a name and, for the	hat purpose, submi	ts the
Triple C	rown Electrical Supply				
1. The assumed name is:					
2. The name of the business entity	y (and in the case of general p	artnershi _l	p, the partners) that	t is/are adopting the	assumed
name:					
Consolidated Electrical Distributors, I					
Name must be identical to the name	on record with the Secretary o	f State.)			
3. The "real name" is (you must che	ck 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			X 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 Delawa	are		
5. The mailing address is:					
1920 Westridge Drive	Irving		TX	75038	
Street Address or Post Office Box N	umbers	City	Stat	te Zip	·
I declare under penalty of perjury u	nder the laws of Kentucky that David T. Bradford		oing is true and corr	rect. 4/28/2023	

Printed Name

Title

Date

Authorized Party Signature

Division of Business Filings