

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 10:41 AM Fee Receipt: \$20.00

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	
Pursuant to the provisions of KRS following statement:	365, the undersigned applies t	o assum	ne a name and, for tha	t purpose, submits th	 1e	
1. The assumed name is:	dustrial					
2. The name of the business entity	y (and in the case of general pa	artnershi	p, the partners) that is	/are adopting the as	sumed	
name:						
Consolidated Electrical Distributors, 1						
Name must be identical to the name		f State.)				
3. The "real name" is (you must che						
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 Delaw	rare			
5. The mailing address is:						
1920 Westridge Drive	Irving		TX	75038		
Street Address or Post Office Box N	umbers	City	State	Zip		
I declare under penalty of perjury u	nder the laws of Kentucky that David T. Bradford		oing is true and correc	et.		

Printed Name

Title

Date

Authorized Party Signature

Division of Business Filings