

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/2/2023 10:42 AM Fee Receipt: \$20.00

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ASN

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed N (Domestic or Foreign Busines		ASN
Pursuant to the provisions of KRS following statement: 1. The assumed name is:	Electric Supply	ssume a name and, for that	purpose, submits the
 The name of the business entit 		orship, the partners) that is	
name:	y and in the case of general part	lership, the partners) that is	are adopting the assumed
Consolidated Electrical Distributors,	Inc.		
Name must be identical to the name		ate.)	
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 Busines	s Trust	a Foreign Business Trust	
a Domestic Corpora	tion	× a Foreign Corporation	
a Domestic Limited Liability Company		a Foreign Limited Liability Company	
a Domestic Statutor	y 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	Delaware	
5. The mailing address is:			· · · · · · · · · · · · · · · · · · ·
1920 Westridge Drive	Irving	ТХ	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 the David T. Bradford	e forgoing is true and correc V.P., Secretary	t. 4/28/2023
Authorized Party Signature	Printed Name	Title	Date