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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/17/2025 10:47 AM Fee Receipt: \$20.00

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 Name (Domestic or Foreign Business Entity) | | ASN |
|---|--|--|---|
| following statement: 1. The assumed name is: | S 365, the undersigned applies to as | | - |
| 2. The name of the business ent | tity (and in the case of general partne | ership, the partners) that is | s/are adopting the assumed |
| name: | | | |
| Fay Servicing, LLC | ne on record with the Secretary of Sta | ite.) | |
| a Domestic Limite a Domestic Busine a Domestic Corpo a Domestic Limite a Domestic Statute a Domestic Limite a Domestic Limite | al Partnership d Liability Partnership d Partnership ess Trust ration d Liability Company ory Trust d Cooperative Association orporated Non-profit Association | | ability Partnership artnership Trust on ability Company |
| 1601 Lyndon B Johnson FV | WY. Ste. 150 Farmers Brand | ch TX | 75234-6034 |
| Street Address or Post Office Box | Numbers City | State | Zip |
| I declare under penalty of perjury Authorized Party Signature | under the laws of Kentucky that the Edward J. Fay Printed Name | e forgoing is true and corre CEO-Manager Title | ct. 3/6/2025 |