

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes  
KY Secretary of State  
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Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**24-7 T's**

2. The name of the business entity that is adopting the assumed name is:

**SIMPLE IMPRESSIONS, LLC**

3. This application will be effective upon filing.

4. The mailing address is:

**316 Pioneer Dr, Oak Grove KY 42262**

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**James Chambers**