

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0422842.06

Fee Receipt: \$20.00

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 8/8/2024 2:34 PM

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:		plies to assume a name	e and, for that p	ourpose, submits the
1. The assumed name is: HES Fac	ilities Management			
2. The name of the business entit	y (and in the case of gen	eral partnership, the pa	rtners) that is/a	re adopting the assumed
name:				
ABBCO Service, LLC				
Name must be identical to the name	on record with the Secre	tary of State.)		
3. The "real name" is (you must che	ck one):			
a Domestic General Partnershipa Foreign General Partnership				
a Domestic Limited	Liability Partnership	a Foreig	n Limited Liabi	lity Partnership
a Domestic Limited Partnershipa Foreign Limited Partnership				
a Domestic Business Trusta Foreign Business Trust				
a Domestic Corporation a Foreign Corporation				
a Domestic Limited	(A) (A)	generation	gn Limited Liabi	
a Domestic Statutor	The second second		gn Statutory Tru	
a Domestic Limited Cooperative Associationa Foreign Limited Cooperative Association				
a Domestic Unincor	porated Non-profit Assoc	ciationa Forei	gn Unincorpora	ted Non-profit Association
4. The business is organized and	existing in the state or co	ountry of Missouri		
5. The mailing address is:				
2160 Lakeside Centre Way, Suite 30)2	Knoxville	TN	37922
Street Address or Post Office Box	lumbers	City	State	Zip
I declare under penalty of perjury	under the laws of Kentuc	ky that the forgoing is tr MANAG		07/05/2024

Printed Name

Title

Date

Frized Party Signature