



**COMMONWEALTH OF KENTUCKY  
MICHAEL ADAMS, SECRETARY OF STATE**

**0463245.06**

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ASN

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
9/1/2022 11:15 AM  
Fee Receipt: \$20.00

**Division of 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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Principal Asset Management.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Principal Global Investors, LLC

**Name must be identical to the name on record with the Secretary of State.)**

3. The "real name" is (you must check one):

- |   |  |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership                   | <input type="checkbox"/> a Foreign General Partnership                   |
| <input type="checkbox"/> a Domestic Limited Liability Partnership         | <input type="checkbox"/> a Foreign Limited Liability Partnership         |
| <input type="checkbox"/> a Domestic Limited Partnership                   | <input type="checkbox"/> a Foreign Limited Partnership                   |
| <input type="checkbox"/> a Domestic Business Trust                        | <input type="checkbox"/> a Foreign Business Trust                        |
| <input type="checkbox"/> a Domestic Corporation                           | <input type="checkbox"/> a Foreign Corporation                           |
| <input type="checkbox"/> a Domestic Limited Liability Company             | <input checked="" type="checkbox"/> a Foreign Limited Liability Company  |
| <input type="checkbox"/> a Domestic Statutory Trust                       | <input type="checkbox"/> a Foreign Statutory Trust                       |
| <input type="checkbox"/> a Domestic Limited Cooperative Association       | <input type="checkbox"/> a Foreign Limited Cooperative Association       |
| <input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign Unincorporated Non-profit Association |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is \_\_\_\_\_.
5. The business is organized and existing in the state or country of DE.
6. The mailing address is:

<u>711 High Street</u>	<u>Des Moines</u>	<u>IA</u>	<u>50392</u>
<b>Street Address or Post Office Box Numbers</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

	<b>Assistant General Counsel and Secretary</b>	<b>08/12/2022</b>
<b>Authorized Party Signature</b>	<b>Printed Name</b>	<b>Title</b>
		<b>Date</b>