Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0962745 Alison Lundergan Grimes KY Secretary of State Received and Filed 9/14/2016 11:10:20 AM Fee receipt: \$20.00

ASN

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

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:

Indian Hollow Liquor

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

JaxShine Ventures, LLC

- 3. This application will be effective upon filing.
- 4. The mailing address is:

241 KY Hwy 15, Jackson KY 41339

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

Thomas Hurst, Authorized Rep 9/14/2016