## 0442446.06



Michael G. Adams Kentucky Secretary of State Received and Filed: 3/20/2025 1:31 PM Fee Receipt: \$20.00

mmoore ASN

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

			Assumed Name ASN oreign Business Entity)		
Pursuant to the provisions of KRS following statement:	365, the under ft Craft Solution		sume a name and, for tha	at purpose, submits the	
1. The assumed name is:				;	
2. The name of the business ent	ity (and in the ca	ase of general partne	ership, the partners) that i	s/are adopting the assumed	
name:					
Insulations, LLC	and the second second	and the state of the second			
Name must be identical to the nan		the Secretary of Sta	te.)		
<ul> <li>3. The "real name" is (you must check one):</li> <li>a Domestic General Partnership</li> <li>a Domestic Limited Liability Partnership</li> <li>a Domestic Limited Partnership</li> <li>a Domestic Business Trust</li> <li>a Domestic Corporation</li> <li>a Domestic Limited Liability Company</li> <li>a Domestic Statutory Trust</li> <li>a Domestic Limited Cooperative Association</li> <li>a Domestic Unincorporated Non-profit Association</li> </ul>			<ul> <li>a Foreign General Partnership</li> <li>a Foreign Limited Liability Partnership</li> <li>a Foreign Limited Partnership</li> <li>a Foreign Business Trust</li> <li>a Foreign Corporation</li> <li>a Foreign Limited Liability Company</li> <li>a Foreign Statutory Trust</li> <li>a Foreign Limited Cooperative Association</li> <li>a Foreign Unincorporated Non-profit Association</li> </ul>		
4. The business is organized an	d existing in the	state or country of _	ouisiana	·	
5. The mailing address is:					
880 Commerce Rd, West,	Suite 104	Harahan	LA	70123	
Street Address or Post Office Box	City	State	e Zip		
I declare under penalty of perjury		. have a fi			

Jay GreinerAuthorized Person3 6 25Authorized Party SignaturePrinted NameTitleDate