

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/17/2023 2:24 PM Fee Receipt: \$20.00

Division of 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: 1. The assumed name is: 2. The name of the business entit name: PG-Gerald, LLC	erty Printing		
Name must be identical to the name	on record with the Secretary of S	tate.)	
a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statutor a Domestic Limited	Partnership Liability Partnership Partnership ss Trust ation Liability Company		bility Partnership rtnership rust n bility Company rust
4. The business is organized and	existing in the state or country of	Delaware	
5. The mailing address is:			
2097 Abby Lane NE	Atlanta	GA	30345
Street Address or Post Office Box	Numbers Ci	ty State	Zip
I declare under penalty of perjury	•	ne forgoing is true and correct an President	

Printed Name

Title

Date

Authorized Party Signature