

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0406151.06

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 10/2/2024 3:22 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		
following statement: POME	S 365, the undersigned applies to ass	sume a name and, for tha	t purpose, submits the
The assumed name is:      The name of the business enti-	ity (and in the case of general partner	rehin the northers) that is	c/ore adenting the assumed
	ity (and in the case of general partner	rship, the partners) that is	stare adopting the assumed
name: POMEGRANATE, LLC			
Name must be identical to the name	ne on record with the Secretary of State	e.)	
a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Limited a Domestic Uninco	al Partnership d Liability Partnership d Partnership ss Trust ration d Liability Company ory Trust d Cooperative Association orporated Non-profit Association	a Foreign G a Foreign Li a Foreign Bi a Foreign Ci a Foreign Li a Foreign Si a Foreign Li a Foreign Li a Foreign Ui entucky	
3750 Paris Pike	Lexington	KY	40511
Street Address or Post Office Box	Numbers City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the f	forgoing is true and corre	ct.
2 f_ Q_	Spencer Clan	Authorized Signat	oı 10/2/2024
Authorized Party Signature	Printed Name	Title	Date