Michael G. Adams 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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

JAMAR MARKS

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

X-TRA ROADSIDE ASSISTANCE LLC

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

107 Fenley ave apt X3, Louisville KY 40207

This application will be effective on **Tuesday**, **July 30**, **2024**.

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

Signature of individual signing on behalf of **Owner: Jamar Marks** 7/30/2024 10:22:27 PM

C226

ASN

7/30/2024 10:22:27 PM

1382851.06 Michael G. Adams

Secretary of State Received and Filed

Fee receipt: \$20