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Michael G. Adams Kentucky Secretary of State Received and Filed: 2/10/2025 2:22 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| 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: | 365, the undersigned applie ealthSouth Financial | | ame and, for that pu | rpose, submits the |
| The name of the business entition name: The Farmers Name must be identical to the name. | ational Bank of Danville | | partners) that is/are | adopting the assumed |
| 3. The "real name" is (you must che a Domestic Genera a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Limited a Domestic Limited a Domestic Statutor a Domestic Limited | ck one): I Partnership Liability Partnership Partnership s Trust stion Liability Company | a Forma Form | , | ty Partnership ership st ty Company t |
| 4. The business is organized and | existing in the state or count | _{ry of} Kentu | ску | • |
| 5. The mailing address is: 304 West Main Street | | Danville | Kentucky | 40422 |
| Street Address or Post Office Box Numbers | | City | State | Zip |
| I declare under penalty of perjury to | under the laws of Kentucky th Brant Welch | | s true and correct. President | 2-6-2025 |
| Authorized Party Signature | Printed Name | | Title | Date |
| | | • | | |