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ASN  
**Michael G. Adams**  
Kentucky Secretary of State  
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**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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

**Thoroughbred Engineering**

1. The assumed name is: \_\_\_\_\_

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Colt Engineering, Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |                                     |  |                          |   |
|-------------------------------------|--|--------------------------|---|
| <input type="checkbox"/>            | a Domestic General Partnership                   | <input type="checkbox"/> | a Foreign General Partnership                   |
| <input type="checkbox"/>            | a Domestic Limited Liability Partnership         | <input type="checkbox"/> | a Foreign Limited Liability Partnership         |
| <input type="checkbox"/>            | a Domestic Limited Partnership                   | <input type="checkbox"/> | a Foreign Limited Partnership                   |
| <input type="checkbox"/>            | a Domestic Business Trust                        | <input type="checkbox"/> | a Foreign Business Trust                        |
| <input checked="" type="checkbox"/> | a Domestic Corporation                           | <input type="checkbox"/> | a Foreign Corporation                           |
| <input type="checkbox"/>            | a Domestic Limited Liability Company             | <input type="checkbox"/> | a Foreign Limited Liability Company             |
| <input type="checkbox"/>            | a Domestic Statutory Trust                       | <input type="checkbox"/> | a Foreign Statutory Trust                       |
| <input type="checkbox"/>            | a Domestic Limited Cooperative Association       | <input type="checkbox"/> | a Foreign Limited Cooperative Association       |
| <input type="checkbox"/>            | a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> | a Foreign Unincorporated Non-profit Association |

4. The business is organized and existing in the state or country of Kentucky

5. The mailing address is:

PO Box 481 Lexington KY 40588

Street Address or Post Office Box Numbers City State Zip

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

Authorized Party Signature

James C. McCarty, Jr. Corporate Controller

02/25/2025

Printed Name Title Date