ASN

### **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

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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 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

# **TIMOTHY B. MOSS**

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

## **IT'STIM LLC**

- This application will be effective upon filing. 3.
- The mailing address is: 4.

#### 2120 HAZEL STREET, Hopkinsville KY 42240

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

> **Timothy Moss** Member-manager 4/2/2024