

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0805553.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 6/21/2024 9:48 AM 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
Pursuant to the provisions of KRS following statement:			purpose, submits the
1. The assumed name is: Si	wisher Insurance Age	MOI	
2. The name of the business entite name: Swisher & A. Name must be identical to the name			are adopting the assumed
The "real name" is (you must che	-	otate.)	
a Domestic Genera a Domestic Limited a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Statutor a Domestic Limited	Partnership Liability Partnership Partnership s Trust tion Liability Company y Trust Cooperative Association porated Non-profit Association		oility Partnership tnership rust oility Company rust
5. The mailing address is:		(
10140 Linn Station & Street Address or Post Office Box N	lol. Louisv	ille KY	40223 Zip
I declare under penalty of perjury of perjur	Inder the laws of Kentucky that t L. Keith Swisher Jr Printed Name		:. (6) 19 / 24- Date