



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

1422354.06

mmoore  
ASN

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/30/2025 11:06 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 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

**Holy Face Press**

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:

Holy Face Press, LLC

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 checked="" 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 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:

212 N. 2nd St. STE 100                      Richmond                      KY                      40475

Street Address or Post Office Box Numbers                      City                      State                      Zip

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

  
Authorized Party Signature

Scott McLean

Printed Name

Owner

Title

1/30/2025

Date