

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
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

ASN

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

2. The assumed name is being renewed by:

Wind Therapy Customs

3. This application will be effective upon filing.

4. The mailing address of the business entity is:

4619 S 1st St, Louisville KY 40214

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

Stephen Hayes

2/21/2024