

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Assumed Name

ASN

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is:

MEADE-BRECK CHAPTER OF LINCOLN ALUMNI ASSOCIATION

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

THE NATIONAL LINCOLN INSTITUTE OF KENTUCKY ALUMNI ASSOCIATION, INC.

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

355 Lee Road, Vine Grove, KY KY 40175

This filing will be effective on **Thursday, November 21, 2024.**

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

Signature of individual signing on behalf of **President: Patricia A Beckham**

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