#### 27775980

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

0575956 Michael G. Adams Received and Filed 2/8/2024 3:26:11 PM

Fee receipt: \$20.00

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

1. The assumed name is:

### MERCHANT CONTROL

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

# CHECKREDI OF KENTUCKY, LLC

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

### 406 PARK PLACE, LEXINGTON KY 40511

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

> William C Rock Owner 2/8/2024