

0860657.06

mstratton
ASN

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/5/2013 11:29 AM
Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO 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:

1. The assumed name is: G.S.B. Cues

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
G.S.B. INDUSTRIES 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 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 checked="" type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

<u>12595 Percival Rd.</u>	<u>Walton</u>	<u>Kentucky</u>	<u>41094</u>
Street Address or Post Office Box Numbers	City	State	Zip

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

<u>Gregory Scott Bush</u>	<u>Gregory Scott Bush</u>	<u>President</u>	<u>7/22/13</u>
Authorized Party Signature	Printed Name	Title	Date