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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

Authorized Party Signature	Printed Name		Title	Date	
Three my - batt Bus	Cregory Sco	tt Bush	President	7/22/13	
I declare under penalty of perjury	under the laws of Ker	tucky that the fo	rgoing is true and corre	ct.	
Street Address or Post Office Box Nu	mbers	City	State	Zip	
12595 Percival Rd.		Walton	Kentucky	41094	
6. The mailing address is:					
5. The business is organized an	d existing in the state of	or country of Ke	ntucky		
4. This application will be effect or the delayed effective cannot be					
a Domestic Limited Liability Companya Foreign Limited Liability Company					
a Domestic Corporationa Foreign Corporation					
a Domestic Business Trusta			Foreign Business Trust		
a Domestic Limited Partnership			a Foreign Limited Partnership		
a Domestic Limited Liability Partnershipa Foreign Limited Liability Partnership					
a Domestic General Partnershipa Foreign General Partnership				rship	
3. The "real name" is (you must c	heck one):				
Name must be identical to the name o		of State.)			
name: G.S.B. INDUSTRIES LLC					
2. The name of the business en	tity (and in the case of	general partners	hip, the partners) that is	/are adopting the assumed	
1. The assumed name is: _G.S	S.B. Cues				
Pursuant to the provisions of KR following statement:	S 365, the undersigned	l applies to assu	me a name and, for tha	t purpose, submits the	
www.sos.ky.gov					
Frankfort, KY 40602 (502) 564-3490					
Business Filings PO Box 718	ss Filings Certificate of Assumed Name			ASN	
Division of Business Filings	Certificate of	Certificate of Assumed Name			