## Commonwealth of Kentucky Michael G. Adams, 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** 

C226

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:

## ARTISAN NAIL LOUNGE

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

## **TCLS INVESTMENT 1, LLC**

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

2009 Arbor Springs Blvd, Union KY 41091

This filing will be effective on Saturday, September 7, 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 **Member: Sang Than** 9/7/2024 12:08:11 AM