

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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0786958.06
Michael G. Adams
Secretary of State
Received and Filed
12/16/2024 2:19:49 PM
Fee receipt: \$20

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:

BUD JONES RENTALS

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

Jones Medical Research LLC

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

4. The mailing address is:

230 MADISON SQUARE DRIVE STE C, MADISONVILLE KY 42431

This filing will be effective on **Monday, December 16, 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: Michael Jones**

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