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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/1/2025 3:21 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submitted following statement: 1. The assumed name is: Lexington Ice Sculptures 2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the name: MWS INC. Name must be identical to the name on record with the Secretary of State.) 3. The "real name" is (you must check one): a Domestic General Partnership a Domestic Limited Liability Partnership a Domestic Limited Partnership a Domestic Business Trust a Domestic Corporation a Domestic Corporation a Domestic Limited Liability Company a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association 4. The business is organized and existing in the state or country of Cooperative Association Lexington Applies to assume a name and, for that purpose, submits profit assume a name and, for that purpose, submits profit assume a name and, for that purpose, submits profit assume a name and, for that purpose, submits profit assume and, for that purpose, submits profit assume a name and, for that purpose, submits profit assume a name and, for that purpose, submits profit assume a name and, for that purpose, submits profit assume a name and, for that purpose, submits profit assume and, for that purpose, submits and partnership, the partnership and for eight Limited Liability Partnership and Foreign Limited Liability Partnership and Foreign Business Trust and Foreign Corporation and Foreign Corp	wing statement: he assumed name is: he name of the business ent ame: VS INC. e must be identical to the name the "real name" is (you must cl	exington Ice Sculpentity (and in the case of general partnumber ame on record with the Secretary of State check one):	otures nership, the partners) that is	
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4. The business is organized and existing in the state of country of 5. The mailing address is: 40.502	a Domestic Limite a Domestic Limite a Domestic Busine √ a Domestic Corpo a Domestic Limite a Domestic Statut a Domestic Limite a Domestic Uninc	ted Liability Partnership ted Partnership iness Trust poration ited Liability Company tutory Trust ited Cooperative Association incorporated Non-profit Association	a Foreign Limited Li a Foreign Limited Pa a Foreign Business a Foreign Corporation a Foreign Limited Li a Foreign Statutory a Foreign Limited Compared Compa	ability Partnership artnership Trust on ability Company Trust ooperative Association
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333 N. Ashiand Ave.	The mailing address is: 3 N. Ashland Ave.	Lexington	KY	40502
Street Address or Post Office Box Numbers City State Zip	et Address or Post Office Bo	Box Numbers Cir	ity State	e Zip
I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct. Matthew Standart President 4.1.2		ury under the laws of Kentucky that th		ect. 4. 1. 2025