COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

1215659.06 tsemones ASN
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
8/10/2022 12:55 PM
Fee Receipt: $20.00

Division of Business Filings
P.O. 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: Manitowoc.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Pentair Commercial Ice LLC
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 Foreign General Partnership
☐ a Domestic Limited Liability Partnership	☐ a Foreign Limited Liability Partnership
☐ a Domestic Limited Partnership	☐ a Foreign Limited Partnership
☐ a Domestic Business Trust	☐ a Foreign Business Trust
☐ a Domestic Corporation	☐ a Foreign Corporation
☐ a Domestic Limited Liability Company	☒ a Foreign Limited Liability Company
☐ a Domestic Statutory Trust	☐ a Foreign Statutory Trust
☐ a Domestic Limited Cooperative Association	☐ a Foreign Limited Cooperative Association
☐ a Domestic Unincorporated Non-profit Association	☐ a Foreign Unincorporated Non-profit Association

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 effective date is_____.

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

6. The mailing address is:

5500 Wayzata Blvd., Suite 900	Golden Valley	MN	55416
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.

	Karla Robertson	Manager	8/8/2022
Authorized Party Signature	**Printed Name**	**Title**	**Date**