



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
2/28/2024 2:23 PM  
Fee Receipt: \$20.00

Division of Business Filings  
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: Smith-Altman Insurance

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

SAJ Insurance Group, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |                                     |  |                          |   |
|-------------------------------------|--|--------------------------|---|
| <input type="checkbox"/>            | a Domestic General Partnership                   | <input type="checkbox"/> | a Foreign General Partnership                   |
| <input type="checkbox"/>            | a Domestic Limited Liability Partnership         | <input type="checkbox"/> | a Foreign Limited Liability Partnership         |
| <input type="checkbox"/>            | a Domestic Limited Partnership                   | <input type="checkbox"/> | a Foreign Limited Partnership                   |
| <input type="checkbox"/>            | a Domestic Business Trust                        | <input type="checkbox"/> | a Foreign Business Trust                        |
| <input type="checkbox"/>            | a Domestic Corporation                           | <input type="checkbox"/> | a Foreign Corporation                           |
| <input checked="" type="checkbox"/> | a Domestic Limited Liability Company             | <input type="checkbox"/> | a Foreign Limited Liability Company             |
| <input type="checkbox"/>            | a Domestic Statutory Trust                       | <input type="checkbox"/> | a Foreign Statutory Trust                       |
| <input type="checkbox"/>            | a Domestic Limited Cooperative Association       | <input type="checkbox"/> | a Foreign Limited Cooperative Association       |
| <input type="checkbox"/>            | a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> | a Foreign Unincorporated Non-profit Association |

4. The business is organized and existing in the state or country of Kentucky

5. The mailing address is:

309 East First Street	Campbellsville	KY	42718
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.

Authorized Party Signature

Byron Smith

President of Member

2/28/2024

Printed Name

Title

Date