Authorized Party Signature

1329559.06 Michael G. Adams Kentucky Secretary of Sta

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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/1/2024 8:54 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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)

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement: Jessie Insurance Lebanon

1. The assumed name is:

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.)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.				
Street Address or Post Office Box Numbers	City	State	Zip	
309 East First Street	Campbellsville	KY	42718	
 The business is organized and existing in the s The mailing address is: 	state or country of	Kentucky	1	
	10000000000000000000000000000000000000	Kontucka		
a Domestic Unincorporated Non-profit Association		a Foreign Unincorporated Non-profit Association		
		a Foreign Limited Cooperative Association		
a Domestic Limited Liability Company		a Foreign Limited Liability Company a Foreign Statutory Trust		
a Domestic Corporation	Para and a second	a Foreign Corporation		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Limited Partnership	a Fore	a Foreign Limited Partnership		
a Domestic Limited Liability Partner	rship 📃 a Fore	a Foreign Limited Liability Partnership		
a Domestic General Partnership	a Fore	a Foreign General Partnership		
3. The "real name" is (you must check one):				

Printed Name

Title

Date