

0973560.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/1/2024 1:45 PM 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)		ASN
Pursuant to the provisions of KRS following statement: 1. The assumed name is:	365, the undersigned applies to as	ssume a name and, for tha	t purpose, submits the
The name of the business entity name:	y (and in the case of general partners) D Rentals, LLC	ership, the partners) that is	s/are adopting the assumed
Name must be identical to the name		ite.)	
	I Partnership Liability Partnership Partnership s Trust stion Liability Company y Trust Cooperative Association porated Non-profit Association		ability Partnership Irtnership Trust n ability Company
2494 Plum Ridge Road	Taylorsville	KY	40071
Street Address or Post Office Box N	umbers City	State	Zip
I declare under penalty of perjury un			ot. 03/01/2029
Authorized Party Signature	Printed Name	Title	Date