





1280061.06

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 5/15/2023 9:30 AM Fee Receipt: \$20.00

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

| P.O. Box 718,<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | Certificate of Assumed Name (Domestic or Foreign Business Entity)  . |   | ASN                                       |  |
|--|--|---|---|--|
| following statement:   | 365, the undersigned applies to as                                   |   |   |  |
| 1. The assumed name is:  | THE STICIVIL TOVY  | N FI IANIVIAC   | •   |  |
| 2. The name of the business entit  | ty (and in the case of general partne                                | ership, the partners) that is/  | are adopting the assumed                  |  |
| name:  |  |   |   |  |
| CAMAK ENTERPRISES LL   |  |   |   |  |
|  | e on record with the Secretary of Sta                                | te.)  |   |  |
| 3. The "real name" is (you must che a Domestic Genera                    | p=-  | a Foreign Conoral De  | who a vala in                             |  |
| a Domestic Limited Liability Partnership                                 |  | a Foreign General Partnership a Foreign Limited Liability Partnership |   |  |
| a Domestic Limited Partnership   |  | a Foreign Limited Clability Partnership                               |   |  |
| a Domestic Business Trust  |  | a Foreign Business Trust  |   |  |
| a Domestic Corporation   |  | a Foreign Corporation   |   |  |
| a Domestic Limited Liability Companya Foreign Limited Liability Company  |  |   |   |  |
| a Domestic Statutor  | y Trust  | a Foreign Statutory Trust   |   |  |
|  |  |   | a Foreign Limited Cooperative Association |  |
| a Domestic Unincor   | porated Non-profit Association                                       |   | ated Non-profit Association               |  |
| 4. The business is erganized and   | existing in the state or country of                                  |   |   |  |
| F. The marilian address is   | existing in the state or country of -                                | ·······································                               | •   |  |
| 5. The mailing address is:   |  |   |   |  |
| 1341 Shallow Lake Circle   | Hopkinsville   | Kentucky  | 42240                                     |  |
| Street Address or Post Office Box N                                      | Numbers City   | State   | Zip                                       |  |
|  | under the laws of Kentucky that the                                  |   |   |  |
| Authorized Party Signature   | Printed Name   | Title   | Date                                      |  |
|  |  |   |   |  |