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Michael G. Adams Kentucky Secretary of State Received and Filed:

10/17/2023 2:34 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
following statement:	6 365, the undersigned applies to as	sume a name and, for that p	purpose, submits the
The assumed name is:			•
2. The name of the business enti	ty (and in the case of general partne	ership, the partners) that is/a	are adopting the assumed
name:			
TIER 1 IMPACT PBC, INC			
Name must be identical to the nam	e on record with the Secretary of Sta	te.)	
3. The "real name" is (you must ch	eck one):		
a Domestic Genera	al 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	
X a Domestic Corporation		a Foreign Corporation	
a Domestic Limited Liability Company		a Foreign Limited Liability Company	
a Domestic Statutory Trust a Foreign St		a Foreign Statutory Tr	ust
a Domestic Limited Cooperative Association a Foreign Limited Cooperative A		perative Association	
a Domestic Uninco	rporated Non-profit Association	a Foreign Unincorporated Non-profit Association	
4. The business is organized and	d existing in the state or country of $\underline{\ }$	entucky	
5. The mailing address is:			
100 E. Rivercenter Blvd. S	Guite 100 Covington	Kentucky	41011
Street Address or Post Office Box	Numbers City	State	Zip
I declare under penalty of perjury	under the laws of Kentucky that the Gregory W. Harmeyer	CEO and President	10/16/23
Authorized Party Signature	Printed Name	Title	Date