

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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Certificate of Assumed Name

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:

GLASS DOCTOR OF LEXINGTON

2. The name of the business entity that is adopting the assumed name:

SGCI LEXINGTON GLASS, LLC

3. The business is organized and existing in the state or country of **KY**

4. The mailing address is:

196 Turner Commons Way Ste 110, Lexington KY 40508

This application will be effective on **Monday, May 20, 2024.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Philip Schultz
President
5/20/2024