



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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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)

BCMS Investments, LLC

Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement:

Silverline Trailers

- The assumed name is: _____
- The real name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
BCMS Investments, LLC

Name must be identical to the real name on record with the Secretary of State.)

- The entity type is (you must check one):

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Domestic Limited Liability Company	<input checked="" type="checkbox"/> a Foreign Limited Liability Company
<input type="checkbox"/> a Domestic Statutory Trust	<input type="checkbox"/> a Foreign Statutory Trust
<input type="checkbox"/> a Domestic Limited Cooperative Association	<input type="checkbox"/> a Foreign Limited Cooperative Association
<input type="checkbox"/> a Domestic Unincorporated Non-profit Association	<input type="checkbox"/> a Foreign Unincorporated Non-profit Association

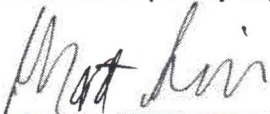
4. The entity is organized and existing in the state or country of Missouri

5. The mailing address is:

PO Box 937; Dexter, MO 63841

Street Address or Post Office Box Numbers City State Zip

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

	<u>Matthew Sims</u>	<u>Member</u>	<u>3-27-24</u>
Authorized Party Signature	Printed Name	Title	Date