

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

W266

0833464.04  
Michael G. Adams  
Secretary of State  
Received and Filed  
4/8/2025 3:33:40 PM  
Fee receipt: \$20

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**BEST-ONE OF SHELBYVILLE**

2. The assumed name has been discontinued by

**SOUTHERN INDIANATIRE, INC.**

3. This filing will be effective on **Tuesday, April 8, 2025.**

4. The date the original certificate was filed:

**Tuesday, January 30, 2024**

5. The mailing address of the entity's principal office is

**1342 W. 100 N., PRINCETON, IN 47670**

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

Signature of individual signing on behalf of **ATTORNEY:**

**KRISTINA ZURCHER**

4/8/2025 3:33:40 PM