



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

0866564.09 tsemones
ASN
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
12/13/2022 11:23 AM
Fee Receipt: \$20.00

Division of 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

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: QuickBooks Payroll.
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Intuit Payments Inc.

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

3. The "real name" 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 checked="" type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input 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. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective date is _____.

5. The business is organized and existing in the state or country of Delaware.

6. The mailing address is:

| | | | |
|---|----------------------|-----------|--------------|
| <u>2700 Coast Avenue</u> | <u>Mountain View</u> | <u>CA</u> | <u>94043</u> |
| 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>Jana Hocker</u> | <u>Secretary</u> | <u>11-18-22</u> |
| Authorized Party Signature | Printed Name | Title | Date |