



COMMONWEALTH OF KENTUCKY  
MICHAEL ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
4/19/2023 11:05 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 Bill Pay.
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.

	Jana Hocker	Secretary	3-29-23
Authorized Party Signature	Printed Name	Title	Date