

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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04/11/2024

Date

SECRETARY

Title

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 4/12/2024 6:02 PM

Division of Business Filings ASN Certificate of Assumed Name **Business Filings** (Domestic or Foreign Business Entity) P.O. Box 718. Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 365.015, the undersigned applies to assume a name and, for that purpose, submits the following statement: 1. The assumed name is: ESTHETICIANS ALLIANCE 2. The real name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: GALLAGHER AFFINITY INSURANCE SERVICES, INC Name must be identical to the real name on record with the Secretary of State.) 3. The entity type is (you must check one): a Domestic General Partnership a Foreign General Partnership a Foreign Limited Liability Partnership a Domestic Limited Liability Partnership a Foreign Limited Partnership a Domestic Limited Partnership a Foreign Business Trust a Domestic Business Trust X a Foreign Corporation a Domestic Corporation a Foreign Limited Liability Company a Domestic Limited Liability Company a Foreign Statutory Trust a Domestic Statutory Trust a Domestic Limited Cooperative Association a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association a Domestic Unincorporated Non-profit Association 4. The entity is organized and existing in the state or country of Illinois 5. The mailing address is: 60008 IL2850 Golf Road Rolling Meadows 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. Kaia Korosec

KARA KOROSEC

Printed Name

Authorized Party Signature