

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0582265.09

04/11/2024

Date

SECRETARY

Title

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Michael G. Adams Kentucky Secretary of State Received and Filed: 4/15/2024 2:34 PM Fee Receipt: \$20.00

Division of Business Filings Certificate of Assumed Name ASN **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: NATIONAL ASSOCIATION OF BARBERS 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 Foreign General Partnership a Domestic General Partnership a Domestic Limited Liability Partnership a Foreign Limited Liability Partnership a Domestic Limited Partnership a Foreign Limited Partnership a Foreign Business Trust a Domestic Business Trust a Domestic Corporation X a Foreign 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 Domestic Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Association 4. The entity is organized and existing in the state or country of Illinois 5. The mailing address is: 2850 Golf Road IL 60008 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.

KARA KOROSEC

Printed Name

Kaia Korosec

Authorized Party Signature