

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE 0793565.06

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 3/5/2024 10:56 AM Fee Receipt: \$20.00

Division of Business Filings 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 KR following statement:	S 365, the undersigned a		and, for that	t purpose, submits the
The assumed name is:				
<ol><li>The name of the business en name: HomeSelect Settlement Solution</li></ol>	ns, LLC		tners) that is	/are adopting the assumed
Name must be identical to the na	me on record with the Sec	retary of State.)		
a Domestic Limite a Domestic Busin a Domestic Corpo a Domestic Limite a Domestic Statu a Domestic Limite	ral Partnership ed Liability Partnership ed Partnership ess Trust bration ed Liability Company tory Trust ed Cooperative Association corporated Non-profit Ass	a Foreig	gn Limited Pagn Business on Corporation Limited Liagn Statutory of Corporation on Corporation on Corporation Statutory of Corporation Corporation Limited Corporation Corporation Corporation Limited Corporation	ability Partnership artnership Trust on ability Company
8950 Cypress Water Boule	evard Co	ppell	TX	75019
Street Address or Post Office Bo		City	State	Zip
I declare under penalty of perjui	y under the laws of Kento	ucky that the forgoing is tr	ue and corre	ect.
Drik	Lisa Lykins		t Secretary	02/14/2024
Authorized Party Signature	Printed	Name	Γitle	Date