# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St Ky Secretary of State

1354666 Michael G. Adams Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Certificate of Assumed Name**

ASN

8579785

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

### POWERS TRANSMISSIONS COMPLETE CAR CARE & AUTO REPAIR

2. The name of the business entity that is adopting the assumed name is:

### POWERS TRANSMISSIONS COMPLETE CAR & AUTO REPAIR INC.

- 3. This application will be effective upon filing.
- The mailing address is: 4.

#### 3018 Lexington Road, Nicholasville KY 40356

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true 5. and correct.

> **David Lee Powers** Owner 4/3/2024