

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1385167.06
Michael G. Adams
Secretary of State
Received and Filed
8/7/2024 11:23:04 PM
Fee receipt: \$20

Michael G. Adams
Secretary of State
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Certificate of Assumed Name

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:

Bardstown Taxi, LLC

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

Bardstown City Taxi & Transport, LLC

3. The entity is organized and existing in the state or country of **KY**

4. The mailing address is:

425 Mccubbins Ln, Bardstown KY 40004

This filing will be effective on **Wednesday, August 7, 2024.**

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of individual signing on behalf of **Authorized Party:**

Donna I Price

8/7/2024 11:23:04 PM