

**0027368.09** dwilliams  
ASN  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
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**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

<b>Division of Business Filings</b> <b>Business Filings</b> PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Certificate of Assumed Name</b> (Domestic or Foreign Business Entity)	<b>ASN</b>
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Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

- The assumed name is: Kentucky Chamber Center for Policy and Research
- The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: Kentucky Chamber of Commerce, Inc.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |   |  |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership           | <input type="checkbox"/> a Foreign General Partnership           |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership           | <input type="checkbox"/> a Foreign Limited Partnership           |
| <input type="checkbox"/> a Domestic Business Trust                | <input type="checkbox"/> a Foreign Business Trust                |
| <input checked="" type="checkbox"/> a Domestic Corporation        | <input type="checkbox"/> a Foreign Corporation                   |
| <input type="checkbox"/> a Domestic Limited Liability Company     | <input type="checkbox"/> a Foreign Limited Liability Company     |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of KENTUCKY

6. The mailing address is:

<u>464 CHENAULT ROAD</u>	<u>FRANKFORT</u>	<u>KY</u>	<u>40601</u>
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.

<u><i>Ashli R. Watts</i></u>	<u>Ashli R. Watts</u>	<u>President and CEO</u>	<u>8/16/2022</u>
Authorized Party Signature	Printed Name	Title	Date