



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ASN

Michael G. Adams
Kentucky Secretary of State
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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
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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:

1. The assumed name is: **TMK SAFETY SOLUTIONS**
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
KRUSE & COMPANY, LLC

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

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

a Domestic General Partnership

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a Domestic Limited Liability Partnership

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a Domestic Limited Partnership

☐

a Domestic Business Trust

☐

a Domestic Corporation

☒

a Domestic Limited Liability Company

☐

a Domestic Statutory Trust

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a Domestic Limited Cooperative Association

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a Domestic Unincorporated Non-profit Association
- ☐

a Foreign General Partnership

☐

a Foreign Limited Liability Partnership

☐

a Foreign Limited Partnership

☐

a Foreign Business Trust

☐

a Foreign Corporation

☐

a Foreign Limited Liability Company

☐

a Foreign Statutory Trust

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a Foreign Limited Cooperative Association

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a Foreign Unincorporated Non-profit Association

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

5. The mailing address is:
- 8540 GRAND NEPTUNE DRIVE

LOUISVILLE

KY

40228
- Street Address or Post Office Box NumbersCityStateZip

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

TRAVIS KRUSE

MANAGER

MAY 29, 2024

Authorized Party SignaturePrinted NameTitleDate