#### 59752370

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

1225368 Michael G. Adams Received and Filed

3/20/2024 9:36:44 AM Fee receipt: \$20.00

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

## Certificate of Withdrawal of **Assumed Name**

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

## TERRELL T. LYON, VOICE ARTIST

2. The assumed name has been discontinued by:

### **TERRELL THOMAS LYON LLC**

The date the origional certificate was filed: 3.

Friday, October 13, 2023

The mailing address is: 4.

#### 324 E MAIN ST, UNIT 206, Louisville KY 40202

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

Terrell T. Lyon

3/20/2024