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ASN
Michael G. Adams
Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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: **Bottom Line Services**
2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:
RBF Services, 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 Domestic Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership
<input type="checkbox"/> a Domestic Business Trust
<input checked="" type="checkbox"/> a Domestic Corporation
<input type="checkbox"/> a Domestic Limited Liability Company
<input type="checkbox"/> a Domestic Statutory Trust
<input type="checkbox"/> a Domestic Limited Cooperative Association
<input type="checkbox"/> a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Foreign Limited Liability Company
<input type="checkbox"/> a Foreign Statutory Trust
<input type="checkbox"/> a Foreign Limited Cooperative Association
<input type="checkbox"/> 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:

<u>300 Buttermilk Pike STE 322</u>	<u>Ft. Mitchell</u>	<u>KY</u>	<u>41017</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>Todd W. Reed</u>	<u>Vice President</u>	<u>2/7/2025</u>
Authorized Party Signature	Printed Name	Title	Date