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

0654974 Michael G. Adams Received and Filed

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

### **Certificate of Assumed Name**

ASN

40875492

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a hame, and for that purpose, submits the following statements:

1. The assumed name is:

### **5 STAR CABIN RENTALS**

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

## RED RIVER GORGE CABIN RENTALS, LLC

- This application will be effective upon filing. 3.
- 4. The mailing address is:

#### 99 EAGLE RIDGE RD, CAMPTON KY 41301

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

> James Aardema **Chief Financial Officer** 1/27/2023