

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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**

1433174.12  
Michael G. Adams  
Secretary of State  
Received and Filed  
3/5/2025 3:18:59 PM  
Fee receipt: \$20

W266

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name is:

**2ND CORE**

2. The assumed name has been discontinued by

**SECOND CHANCE OUTCAST RESCUE FOR EQUINES LLC**

3. This filing will be effective on **Wednesday, March 5, 2025.**

4. The date the original certificate was filed:

**Friday, February 28, 2025**

5. The mailing address of the entity's principal office is

**1058 DOUG HILL RD, ISLAND, KY 42350**

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

Signature of individual signing on behalf of **Registered Agent:**

**James B. Markwell**  
3/5/2025 3:18:59 PM