



COMMONWEALTH OF KENTUCKY  
TREY GRAYSON, SECRETARY OF STATE

Division of Corporations  
Business Filings  
PO Box 718  
Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

Certificate of Assumed Name  
(Domestic or Foreign Business Entity)

ASN

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: Transcendent Productions

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name:

Bryan T. Dobson

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

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership           |
| <input type="checkbox"/> a Domestic Limited Liability Partnership  | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership            | <input type="checkbox"/> a Foreign Limited Partnership           |
| <input type="checkbox"/> a Domestic Business Trust                 | <input type="checkbox"/> a Foreign Business Trust                |
| <input type="checkbox"/> a Domestic Corporation                    | <input type="checkbox"/> a Foreign Corporation                   |
| <input type="checkbox"/> a Domestic Limited Liability Company      | <input type="checkbox"/> a Foreign Limited Liability Company     |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective date  
and/or time)

5. The mailing address is:

2156 Todds Point Road Simpsonville KY 40067

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.

Authorized Party Signature

Bryan Dobson

Printed Name

Partner

Title

1/23/2011

Date

DOCUMENT NO: 00368840  
RECORDED: February 04, 2011 04:00:40 PM  
TOTAL FEE: \$13.00  
COUNTY CLERK: SUE CAROLE PERRY  
DEPUTY CLERK: SUE CAROLE PERRY  
COUNTY: SHELBY COUNTY

BOOK: PA9 PAGES: 552 - 552