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

63667991

0861576 Michael G. Adams Received and Filed

7/28/2022 4:10:22 PM 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 The assumed name to be withdrawn is:

#### **BUDGET GUARD INSURANCE**

2. The assumed name has been discontinued by:

### **Budget Guard Services, LLC**

The date the origional certificate was filed: 3.

Monday, May 13, 2019

4. The mailing address is:

#### 73 CAVALIER BLVD STE 122, FLORENCE KY 41042

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

Michael St Hilaire

7/28/2022