

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0941679.06

glowe ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 9/12/2022 12:21 PM Fee Receipt: \$20.00

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed (Domestic or Foreign Busin		ASN
assumed name of the business	everhead Door of sentity (and in the case of general P, LLC	Eastern Kentuc all partnership, the partners) that is	ky
3. The entity type is (you must che a Domestic Genera a Domestic Limited a Domestic Limited a Domestic Busine a Domestic Corpor a Domestic Limited a Domestic Statuto a Domestic Limited	ck one): al Partnership d Liability Partnership d Partnership ess Trust ration d Liability Company	a Foreign General Partn a Foreign Limited Liabilit a Foreign Limited Partne a Foreign Business Trus a Foreign Corporation a Foreign Limited Liabilit a Foreign Statutory Trus a Foreign Limited Coope a Foreign Unincorporate	y Partnership ership it y Company t erative Association
4. The entity is organized and ex5. The mailing address is:	isting in the state or country of _	Kentucky	
P.O. Box 1. Street Address or Post Office Box	1101	City State	4/635 Zip
I declare under penalty of perjury Authorized Party Signature		the forgoing is true and correct. earheart Member Title	9-12-22 Date

Title

Date