| REVIEWED08/03/2023     |  |  |  |  |  |
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| 11 M D                 |  |  |  |  |  |
| BY: Holly Your         |  |  |  |  |  |
| KENTUCKY DEPARTMENT OF |  |  |  |  |  |
| FINANCIAL INSTITUTIONS |  |  |  |  |  |



## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 8/16/2023 1:38 PM Fee Receipt: \$20.00

tsemones ASN

0971479.06

**Division of Business Filings Certificate of Assumed Name ASN Business Filings** (Domestic or Foreign Business Entity) P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement: Bank Board Solutions 1. The assumed name is 2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: SCR Consulting, LLC Name must be identical to the name on record with the Secretary of State.) 3. The "real name" is (you must check one): a Domestic General Partnership a Foreign General Partnership a Domestic Limited Liability Partnership a Foreign Limited Liability Partnership a Domestic Limited Partnership a Foreign Limited Partnership a Domestic Business Trust a Foreign Business Trust a Domestic Corporation a Foreign Corporation ✓ a Domestic Limited Liability Company a Foreign Limited Liability Company a Domestic Statutory Trust a Foreign Statutory Trust a Domestic Limited Cooperative Association a Foreign Limited Cooperative Association a Domestic Unincorporated Non-profit Association a Foreign Unincorporated Non-profit Association Kentucky 4. The business is organized and existing in the state or country of 5. The mailing address is: 6792 Highway 55 Campbellsburg KY 40011 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.

| In EVE                         | Susan E. Roberts | Manager | July 21, 2023 | 5 |
|--------------------------------|------------------|---------|---------------|---|
| <br>Authorized Party Signature | Printed Name     | Title   | Date          | _ |