BY: KENTUCKY DEPARTMENT OF



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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/31/2023 10:45 AM Fee Receipt: \$20.00

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings ASN Certificate of Assumed Name **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: 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 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 4. The business is organized and existing in the state or country of 5. The mailing address is: Street Address or Post Office Box Numbers

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

Authorized Party Signature Printed Name Title Date