Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Assumed Name

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:

SWIM PRO SERVICE & SUPPLY

2. The name of the business entity that is adopting the assumed name:

SLV Pool Services LLC

- 3. The entity is organized and existing in the state or country of KY
- 4. The mailing address is:

6126 Estuary Ct, Fort Collins CO 80528

This filing will be effective on Friday, November 22, 2024.

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

Signature of individual signing on behalf of **Managing Member: Patrick Staar** 11/22/2024 9:12:11 PM

Michael G. Adams Secretary of State Received and Filed 11/22/2024 9:12:11 PM Fee receipt: \$20

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