

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0459180.09

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/31/2025 10:28 AM 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 Name (Domestic or Foreign Business Entity) ASN		ASN
following statement:	5 365, the undersigned applies to as	ssume a name and, for that p	ourpose, submits the
1. The assumed name is:			·
2. The name of the business enti	ty (and in the case of general partn	ership, the partners) that is/a	re adopting the assumed
name:			
PERKINS & WILL, INC.	a an wagerd with the Convetence of Ct		
	e on record with the Secretary of Sta	ite.)	
 3. The "real name" is (you must check one): a Domestic General Partnership a Domestic Limited Liability Partnership a Domestic Limited Partnership a Domestic Business Trust a Domestic Corporation a Domestic Limited Liability Company a Domestic Statutory Trust a Domestic Limited Cooperative Association a Domestic Unincorporated Non-profit Association 4. The business is organized and existing in the state or country of 5. The mailing address is: 		a Foreign General Partnership a Foreign Limited Liability Partnership a Foreign Business Trust ✓ a Foreign Corporation a Foreign Limited Liability Company a Foreign Statutory Trust a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association Delaware	
410 N. Michigan Avenue, Sı	uite 1600 Chicago	IL	60611
Street Address or Post Office Box	Numbers City	State	Zip
I declare under penalty of perjury /s/ Brodie Stephens	under the laws of Kentucky that the Brodie Stephens	e forgoing is true and correct. Assistant Secretary	03/28/2025
Authorized Party Signature	Printed Name	Title	Date