

**Commonwealth of Kentucky  
Michael G. Adams, Secretary of State**

C226

1388480.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
9/4/2024 11:30:29 AM  
Fee receipt: \$20

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**

**ASN**

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:

**FALLS CITY**

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

**ECMD, INC.**

3. The entity is organized and existing in the state or country of **NC**

4. The mailing address is:

**PO BOX 130, N WILKESBORO NC 28659**

This filing will be effective on **Wednesday, September 4, 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 **Sr. VP and CFO:**

**Thomas C. Burwell, Jr.**

9/4/2024 11:30:29 AM