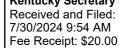
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mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed:



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Nam (Domestic or Foreign Business E		ASN
Pursuant to the provisions of KR following statement: 1. The assumed name is:	S 365, the undersigned applies to assur Valaterra	ne a name and, for that p	urpose, submits the
· · · · · · · · · · · · · · · · · · ·	ity (and in the case of general partners)	nip, the partners) that is/ar	e adopting the assumed
name:			· •
	Young Family Founda	tion, Inc.	
Name must be identical to the nam	ne on record with the Secretary of State.)		
a Domestic Limite a Domestic Busine a Domestic Corpo a Domestic Limite a Domestic Statute a Domestic Limite a Domestic Limite a Domestic Unince	al Partnership d Liability Partnership d Partnership ass Trust ration d Liability Company ory Trust d Cooperative Association orporated Non-profit Association	a Foreign General Particle a Foreign Limited Liabil a Foreign Limited Particle a Foreign Business Trues Foreign Corporation a Foreign Limited Liabil a Foreign Statutory Trues Foreign Limited Coopes Foreign Unincorporation	ity Partnership ership st ity Company st
P.O. Box 547	Goshen	KY	40026
Street Address or Post Office Box	Numbers City	State	Zip
PocuSigned by: RICKLAAAN 5817730FDFD64B9	r under the laws of Kentucky that the for Rhonda Schladand	President	7-30-2024
Authorized Party Signature	Printed Name	Title	Date