1436583.06

Fee Receipt: \$20.00

mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/10/2025 1:33 PM



## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed I (Domestic or Foreign Busine		ASN
Pursuant to the provisions of KRS following statement:		assume a name and, for that pu	urpose, submits the
1. The assumed name is:	My Insurance Agent		·
2. The name of the business entity	y (and in the case of general part	nership, the partners) that is/ar	e adopting the assumed
name:			
Tom Cayce Insurance	LLC		
Name must be identical to the name	on record with the Secretary of S	tate.)	
	Partnership Liability Partnership Partnership s Trust tion Liability Company y Trust Cooperative Association porated Non-profit Association		ity Partnership ership st ity Company st
6479 Summit Drive	Ower	nsboro KY	42303
Street Address or Post Office Box N			Zip
I declare under penalty of perjury u	inder the laws of Kentucky that th	e forgoing is true and correct.	
ce if	Charles T Cayce	President	March 10, 2025
Authorized Party Signature	Printed Name	Title	Date