

0851686.09	mstratton ASN
Alison Lundergan Grimes Kentucky Secretary of State	
Received and Filed: 3/11/2013 10:23 AM	
Fee Receipt: \$20.00	



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)	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: E-Z WAY AUTO SALES

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: E-Z WAY ENTERPRISES INC.

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- | | |
|---|--|
| <input type="checkbox"/> a Domestic General Partnership | <input type="checkbox"/> a Foreign General Partnership |
| <input type="checkbox"/> a Domestic Limited Liability Partnership | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership | <input type="checkbox"/> a Foreign Limited Partnership |
| <input type="checkbox"/> a Domestic Business Trust | <input type="checkbox"/> a Foreign Business Trust |
| <input checked="" type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of KENTUCKY

6. The mailing address is:
2901 IRVIN COBB DRIVE PADUCAH KY 42003
Street Address or Post Office Box Numbers City State Zip

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

	<u>DAVID W. HAMMER</u>	<u>Registered Agent</u>	<u>03-06-13</u>
Authorized Party Signature	Printed Name	Title	Date