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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/10/2024 2:25 PM Fee Receipt: \$20.00



## 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 Name (Domestic or Foreign Business Entity)  AS				
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to	assun	ne a name and, for that p	urpose, submits the	
The assumed name is:  National	al Processing Company				
2. The name of the business entire	ty (and in the case of general part	nersh	ip, the partners) that is/ar	re adopting the assumed	
name:					
Worldpay ISO and eCommerce, I Name must be identical to the nam		tate \			
3. The "real name" is (you must che		tate.)			
			a Faraiga Constal Bart		
a Domestic General Partnership a Domestic Limited Liability Partnership			a Foreign General Partnership		
a Domestic Limited Partnership			a Foreign Limited Liability Partnership		
a Domestic Business Trust			a Foreign Limited Partnership		
a Domestic Corporation			a Foreign Business Trust a Foreign Corporation		
a Domestic Limited Liability Company			a Foreign Limited Liability Company		
a Domestic Statutory Trust					
a Domestic Statutory Trust a Domestic Limited Cooperative Association			a Foreign Statutory Trust		
a Domestic Unincorporated Non-profit Association			a Foreign Limited Cooperative Association a Foreign Unincorporated Non-profit Association		
a Domestic Unincor	porated Non-profit Association		a Foreign Unincorporate	ed Non-profit Association	
4. The business is organized and	existing in the state or country of	Nebr	aska		
	existing in the state of country of			•	
<ol><li>The mailing address is:</li></ol>					
8500 Governors Hill Drive	Cincinnati		ОН	45249-1384	
Street Address or Post Office Box N	Numbers Cit	у	State	Zip	
I declare under penalty of perjury of	under the laws of Kentucky that th	e forg	oing is true and correct.		
(ng H	Craig Myers		SVP & Chief Tax Officer	10-9-2024	
Authorized Party Signature	Printed Name		Title	Date	