

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

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Michael G. Adams  
KY Secretary of State  
Received and Filed  
9/7/2021 8:51:11 PM  
Fee receipt: \$20.00

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Secretary of State  
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<http://www.sos.ky.gov>

**Certificate of Assumed Name**

**ASN**

Pursuant to the provisions of KRS chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

**CAIN TAX AND BOOKKEEPING**

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

**A.C. MOORE USA CO., L.L.C.**

3. This application will be effective upon filing.

4. The mailing address is:

**Po Box 3, 2248 Long Branch Rd, Louisa KY 41230**

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**ALEX CAIN MOORE, MEMBER / CEO**