# Commonwealth of Kentucky Michael G. Adams, Secretary of St.

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0603289 Michael G. Adams KY Secretary of State Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Certificate of Withdrawal of Assumed Name

**CWA** 

Pursuant to the provisions of KRS 365.015(5), the undersigned applicant applies to withdraw an assumed name, and for that purpose, submits the following statements:

1. The assumed name to be withdrawn is:

### **HOLDER DRYWALL**

2. The assumed name has been discontinued by:

### **HOLDER DRYWALL**

3. The date the origional certificate was filed:

Tuesday, January 11, 2005

4. The mailing address is:

#### 35 CASTLEWOOD DR, CADIZ KY 42211

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

**Bruce Holder** 

8/17/2022