# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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1020989 Alison Lundergan Grimes KY Secretary of State Received and Filed

6/5/2018 8:39:07 AM Fee receipt: \$20.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 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:

## CopperTop Tours

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

## **Kentucky Spirit Tours, LLC**

- 3. This application will be effective upon filing.
- 4. The mailing address is:

#### 105 Brighton Ct, Bardstown KY 40004

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

Tommy Downs, Authorized Rep 6/5/2018