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ASN  
Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
8/7/2024 9:15 AM  
Fee Receipt: \$20.00

**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

|  |  |            |
|--|--|------------|
| <b>Division of Business Filings</b><br><b>Business Filings</b><br>P.O. Box 718,<br>Frankfort, KY 40602<br>(502) 564-3490<br>www.sos.ky.gov | <b>Certificate of Assumed Name</b><br><b>(Domestic or Foreign Business Entity)</b> | <b>ASN</b> |
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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: Pedigo-Lessenberry Insurance Agency

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

E.M. Ford of Glasgow LLC

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 type="checkbox"/>            | a Domestic Corporation                           | <input type="checkbox"/> | a Foreign Corporation                           |
| <input checked="" type="checkbox"/> | a Domestic Limited Liability Company             | <input type="checkbox"/> | a Foreign Limited Liability Company             |
| <input type="checkbox"/>            | a Domestic Statutory Trust                       | <input type="checkbox"/> | a Foreign Statutory Trust                       |
| <input type="checkbox"/>            | a Domestic Limited Cooperative Association       | <input type="checkbox"/> | a Foreign Limited Cooperative Association       |
| <input type="checkbox"/>            | a Domestic Unincorporated Non-profit Association | <input type="checkbox"/> | a Foreign Unincorporated Non-profit Association |

4. The business is organized and existing in the state or country of Kentucky

5. The mailing address is:

|  |             |              |            |
|--|-------------|--------------|------------|
| 600 Frederica Street                             | Owensboro   | KY           | 42301      |
| <b>Street Address or Post Office Box Numbers</b> | <b>City</b> | <b>State</b> | <b>Zip</b> |

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

|   |                              |                  |                 |
|---|------------------------------|------------------|-----------------|
| <br>Authorized Party Signature | S. Neel Ford<br>Printed Name | Partner<br>Title | 7/29/24<br>Date |
|---|------------------------------|------------------|-----------------|