

COMMONWEALTH OF KENTUCKY **ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings Business Filings

Certificate of Assumed Name

ASN

Authorized Party Signature	Printed Name	Title		Date	
I declare under penalty of perjury	MICHAEL	LEE thas O)unte	rrect. 8/28/2012	
Street Address or Post Office Box Nur		City	State	Zip	
207 Creekvale Drive		Vine Grove	KY	40175	
6. The mailing address is:					
5. The business is organized and				(Delayed effective date and/or time)	
4. This application will be effective or the delayed effective cannot be				ime is	
a Domestic Limited Liability Companya Foreign Limited Liability Company					
a Domestic Corporation		a Foreign Corporation			
a Domestic Business Trust		a Foreign Business Trust			
a Domestic Limited Partnership		a Foreign Limited Partnership			
a Domestic Limited Liability Partnership		a Foreign Limited Liability Partnership			
a Domestic General Partnership		a Foreig	a Foreign General Partnership		
3. The "real name" is (you must ch	eck one):				
Name must be identical to the name or	record with the Secretary	of State.)			
The name of the business entiname: Riches and Glory Mir		eneral partnership, th	ne partners) tha	t is/are adopting the assumed	
following statement:	es and Glory Photog			•	
Pursuant to the provisions of KRS	365, the undersigned	applies to assume a	name and, for t	that purpose, submits the	
PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Domestic of For	eign Business En	uty)		