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

Michael G. Adams KY Secretary of State Received and Filed 4/4/2023 4:52:52 PM Fee receipt: \$20.00

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# **Certificate of Assumed Name**

ASN

Pursuant to the provisions of KRS 365.015, the undersigned hereby applies to assume a hame, and for that purpose, submits the following statements:

1. The assumed name is:

### **NEW HAVEN MINI WAREHOUSES**

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

## **McCauley's Properties L.L.C.**

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

#### 126 Beechfork Trl, Bardstown KY 40004-2334

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

Sarah Ellen McCauley Registered agent 4/4/2023

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