# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St. KY Secretary of State

1260890 Michael G. Adams Received and Filed

5/8/2023 2:51:02 PM Fee receipt: \$20.00

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

## **Certificate of Assumed Name**

ASN

6388496

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

1. The assumed name is:

## **NS FOOD MART**

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

#### MAA SHAKTI INC.

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

#### 805 KIRKSVILLE RD, RICHMOND KY 40475

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

> SHAILESHBHAI PATEL PRESIDENT 5/8/2023