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**

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:

## **CENTRAL KENTUCKY TOOL**

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

### CENTRAL KY TOOL CORP

3. The entity is organized and existing in the state or country of KY

4. The mailing address is:

#### 645 Metts Dr, Lebanon KY 40033

This filing will be effective on Thursday, February 20, 2025.

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

Signature of individual signing on behalf of Authorized Signor: **Alex Smith** 2/20/2025 9:24:09 AM

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### ASN