ASN

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

Michael G. Adams Received and Filed 1/12/2021 9:01:51 PM Fee receipt: \$20.00

1126391

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 chapter 365, the undersigned hereby applies to assume a name, and for that purpose, submits the following statements:

1. The assumed name is:

## **B** Abell Bartending

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

**B** Abell Comprehensive Services, LLC

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

1136 Samuel St, Louisville KY 40204

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

**Brittany Becker**