# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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0992893 Alison Lundergan Grimes KY Secretary of State Received and Filed

3/8/2018 8:31:43 AM Fee receipt: \$20.00

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

#### **Certificate of Assumed Name**

**ASN** 

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:

### **Grant County Tom A Hawk Cheer**

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

### Pastime Publishing, Co

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

## 28 Broadway St, Dry Ridge KY 41035

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

Lee A Hart, Authorized Rep 3/8/2018