

COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0799994.06

tsemones ASN

Michael G. Adams Kentucky Secretary of State Received and Filed:

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Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)	ASN
Pursuant to the provisions of KRS following statement:	365, the undersigned applies to assume a name	e and, for that purpose, submits the
The assumed name is:	TAG Truck Cen	ter
<ol><li>The name of the business entite name:</li></ol>	y (and in the case of general partnership, the pa	rtners) that is/are adopting the assumed
Nama much hadded to the same	Tag Truck Enterprises of Missouri LL(	C
4. The business is organized and e 5. The mailing address is:	Partnership Liability Partnership Partnership s Trust tion Liability Company Trust Cooperative Association Corated Non-profit Association existing in the state or country of	gn General Partnership gn Limited Liability Partnership gn Limited Partnership gn Business Trust gn Corporation gn Limited Liability Company gn Statutory Trust gn Limited Cooperative Association gn Unincorporated Non-profit Association Missouri
Street Address or Post Office Box No	M Drive Calverty City	MY 42029.
I declare under penalty of perjury un	nder the laws of Kentucky that the forgoing is true	e and correct.
Authorizer Party Signature	Printed Name Tit	$\frac{1}{10} \frac{11/22/22}{\text{Date}}$