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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/13/2023 8:46 AM Fee Receipt: \$20.00

RAN



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Certificate of Renewal of Assumed Name

| P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov | | | RAN | | |
|---|--|-------------------------------|-----------|---|--------|
| Pursua the fol | ant to the provisions of KR lowing statements: | S 365, the undersigned applie | s to r | enew an assumed name and, for that purpose, s | ubmits |
| 1. Thi | s certifies that the assume | d name of the business entity | is: | | |
| | anasonic Industrial Devices S | | | | |
| Par (The | e assumed name is being in nasonic Corporation of North "real name" of entity or partner | America rs) | | | · |
| 3. The | e "real name" is (you must cl | | | | |
| | a Domestic General Par | tnership | | a Foreign General Partnership | |
| | a Domestic Limited Liabi | | | a Foreign Limited Liability Partnership | |
| | a Domestic Limited Parts | nership | | a Foreign Limited Partnership | |
| | a Domestic Business Tru | ust | 1011 1001 | a Foreign Business Trust | |
| | a Domestic Corporation | | X | a Foreign Corporation | |
| | a Domestic Limited Liabi | | | a Foreign Limited Liability Company | |
| | a Domestic Statutory Tru | ıst | | a Foreign Statutory Trust | |
| | a Domestic Limited Coop | perative Association | | a Foreign Limited Cooperative Association | |
| | a Domestic Unincorporat | ed Non-profit Association | | a Foreign Unincorporated Non-profit Association | 'n |
| | | | | | |

Delaware 4. The business entity is organized and existing in the state or country of

5. The mailing address of the business entity is:

Division of Business Filings

| Two Riverfront Plaza | Newark | NJ | 07102 | |
|---|--------|-------|-------|---|
| Street Address or Post Office Box Numbers | City | State | Zip | · |

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

| An | | Afiya Jordan, Assistant Secretary | July 11, 2023 | |
|-------------------------------|---|-----------------------------------|---------------|--|
| Signature of Authorized Party | 2 | Printed Name | Date | |