RE	VIEW	'ED				
By T	T amsin	Wade at 5:07	pm,	Jan	02,	2025

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Michael G. Adams				
Kentucky Secretary of State				
Received and Filed:				
1/3/2025 8:52 AM				
Fee Receipt: \$40.00				

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filing P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	S Amended Certificate of Authority (Foreign Business Entity)	FCA			
	s of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies fo entity named below and, for that purpose, submits the following stateme				
 The business entity is: The name of the compared 	 professional service corporation limited liability company professional limited liability company professional limited liability company limited cooperative association other 	tnership rust			
2. The name of the compa	(The name must be identical to the name on record with the Secret	tary of State.)			
3. It is an entity organized	and existing under the laws of the state or country of Oregon				
	nority to transact business in Kentucky on <u>1/29/2007</u>				
5. The entity has changed					
Domicile I	name to MID MOUNTAIN INSURANCE AGENCY, LLC				
Name to k	Name to be used in Kentucky to MID MOUNTAIN INSURANCE AGENCY, LLC				
	Jurisdiction of organization to Nebraska				
Period of					
Form of o	rganization				
□ Managem		1			
6. This application will be	effective upon filing.				

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

Taska Edwards	Tasha Edwards	Special Manager	12/30/2024
Signature of Authorized Representative	Printed Name	Title	Date