

## **COMMONWEALTH OF KENTUCKY** MICHAEL G. ADAMS, SECRETARY OF STATE

1125496.06

mmoore ASN

Michael G. Adams **Kentucky Secretary of State** Received and Filed: 1/12/2024 11:07 AM Fee Receipt: \$20.00

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:  1. The assumed name is:	_	ned applies to ass	•	ourpose, submits the
<ol><li>The name of the business entition name:</li><li>PS LIGHTWAVE, LLC</li></ol>	ty (and in the case	of general partner	ship, the partners) that is/a	re adopting the assumed
Name must be identical to the name	e on record with the	e Secretary of State	e.)	
3. The "real name" is (you must che a Domestic Genera a Domestic Limited a Domestic Busines a Domestic Corpora a Domestic Limited a Domestic Limited a Domestic Limited a Domestic Statuto a Domestic Limited a Domestic Unincol  4. The business is organized and	Il Partnership Liability Partnersh Partnership ss Trust ation Liability Company ry Trust Cooperative Asso rporated Non-profit	ociation t Association	a Foreign General Par a Foreign Limited Liab a Foreign Limited Part a Foreign Business Tru a Foreign Corporation ✓ a Foreign Limited Liab a Foreign Statutory Tru a Foreign Limited Coo a Foreign Unincorpora	ility Partnership nership ust ility Company ust
5. The mailing address is:				
5959 CORPORATE DR., ST	ΓE 3300	HOUSTON	TX	77036
Street Address or Post Office Box	Numbers	City	State	Zip
declare under penalty of perjury		Kentucky that the f		01/12/2024
Authorized Party Signature	Pri	nted Name	Title	Date

**Division of Business Filings**