

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Reservation or Renewal of Reserved Name (Domestic or Foreign Entity)

RES

(502) 564-3490 www.sos.ky.gov	(Bomestic of Foreign Emity)		
	S 14A and KRS 271B, 273, 274, 275, 362 use, submits the following statement:	? or 386, the undersigned ap	oplies to reserve or
1. The activity request is:			
☐ Reserva	tion		
☐ Renewal			
2. The proposed name to be rese	erved or renewed with the Secretary of St	ate for a period of 120 days	is
3. The name is reserved as:			·
A corporate name (KRS 271B, KRS 273 or KRS 274)			
☐ A limited liability company name (KRS 275)			
☐ A limited partnership name (KRS 362)			
A limited lia	bility partnership name (KRS 362)		
A business	trust name (KRS 386)		
☐ A limited co	operative association		
☐ A statutory	trust		
Other			
4. The name and mailing addres	s of the applicant is:		
Street Address or Post Office Box Num	nber City	State	Zip
5. This application will be effective	ve upon filing.		
I declare under penalty of perjury	under the laws of Kentucky that the forgo	oing is true and correct.	
Signature of Applicant	Printed Name	Title	Date

FILING INSTRUCTIONS RESERVATION OR RENEWAL OF RESERVED NAME

NAME

The name must be available according to the records with the Office of the Secretary of State. In order to confirm if a name is available, visit the organizational search tool at www.sos.ky.gov. A name may be renewed thirty days prior to the expiration.

WHO MAY SIGN

The document must be signed by the applicant.

APPLICANT ADDRESS

The applicant address is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where all correspondence from the Office of the Secretary of State will be mailed.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the applicant address. If the applicant wishes for the document to be sent to an alternate address other than the applicant address, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing.

NUMBER OF COPIES

If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit www.sos.ky.gov and print a copy from the organization search tool.

FILING FEE

The filing fee for this document is \$15.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael Adams
Office of the Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 152, Capitol Building 700 Capital Avenue Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.