

# COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings

PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov Certificate of Assumed Name (Domestic or Foreign Business Entity)

**ASN** 

Authorized Party Signature	Printed Name	Title		Date	
l declare under penalty of perjury	under the laws of Kentu	cky that the forgoing is	s true and corre	ect.	
Street Address or Post Office Box Nun	nbers (	City	State	Zip	
6. The mailing address is:					
5. The business is organized and	a existing in the state of t	Country of		·	
E. The husiness is organized and	l existing in the state or	country of		(Delayed effective date and/or time)	
4. This application will be effective the delayed effective cannot be				e is	
a Domestic Limited Liability Company		a Foreign Limited Liability Company			
a Domestic Corporation		a Foreign Corporation			
a Domestic Business Trust		a Foreign Business Trust			
a Domestic Limited Partnership		a Foreign Limited Partnership			
a Domestic Limited Liability Partnership		a Foreign	a Foreign Limited Liability Partnership		
a Domestic General Partnership		a Foreign	a Foreign General Partnership		
3. The "real name" is (you must ch	eck one):				
Name must be identical to the name or	record with the Secretary of	f State.)			
<ol><li>The name of the business ent name:</li></ol>	ity (and in the case of ge	neral partnership, the	partners) that	is/are adopting the assumed	
1. The assumed name is:				<del>.</del>	
Pursuant to the provisions of KRS following statement:				at purpose, submits the	
www.sos.ky.gov					
MMM coc ky gov					

# FILING INSTRUCTIONS CERTIFICATE OF ASSUMED NAME

#### **ASSUMED NAME**

The certificate must state the assumed name under which business will be conducted or transacted. The assumed name must be a name that is distinguishable upon the records of the Secretary of State from any other name filed and on record with the Secretary of State. A separate certificate must be filed for each assumed name that is being adopted by the business.

KRS 365.015(3) requires the certificate of assumed name for an *individual* (sole proprietorship) to be filed with the county clerk where the person is deemed a resident for the purposes of and under the provisions of KRS Chapter 355. An assumed name registration is effective for a term of five (5) years from the date it is filed with the Secretary of State and may be renewed for a successive term upon filing a renewal certificate. A renewal certificate must be filed with the Secretary of State within six (6) months prior to the expiration date. A renewal certificate filed with the Secretary of State renews the assumed name for a five-year term. The business entity should arrange its own reminder of the renewal deadline, since the Secretary of State is not required to send renewal certificates. Any certificate of assumed name in effect on July 15, 1998, shall continue in effect for five (5) years and may be renewed by filing a renewal certificate with the Secretary of State.

#### **REAL NAME**

The real name" is defined as follows:

- The real name of a Domestic General Partnership is the name that includes the real name of each general partner;
- The real name of a Domestic Registered Limited Liability Partnership is the name stated in its statement of registered limited liability partnership filed pursuant to KRS Chapter 362;
- The real name of a Domestic Limited Partnership is the name stated in its Certificate of Limited Partnership filed pursuant to KRS 362;
- The real name of a Domestic Business Trust is the name set forth in its Declaration of Trust;
- The real name of a Domestic Corporation is the name set forth in its Articles of Incorporation;
- The real name of a Domestic Limited Liability Company is the name set forth in its Articles of Organization;
- The real name of a Foreign General or Limited Partnership and of a Foreign Business Trust is the name recognized by the laws of the foreign state under which it is formed as being the real name or the fictitious name adopted for use in this state;
- The real name of a Foreign Limited Liability Partnership is the name stated in its statement of foreign qualification filed pursuant to KRS 362.1
- The real name of a Foreign Corporation is the name set forth in its Articles of Incorporation or the fictitious name adopted for use in this state
  under KRS 271B.15-060; or
- The real name of a Foreign Limited Liability Company is the name set forth in its articles of organization or the fictitious name adopted for use in this state under KRS 275.410.

#### **DOCUMENT DELIVERY**

A file stamped postcard will be sent to the mailing office address. If the applicant wishes for the document to be sent to an alternate address other than the mailing office, 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/DELAYED EFFECTIVE DATE AND TIME

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

## WHO MAY SIGN

The document must be signed by:

- at least one partner authorized to do so by the partners of a Domestic or Foreign General Partnership;
- at least one partner authorized to do so by the partners of a Domestic or Foreign Registered Limited Liability Partnership;
- a general partner of a Domestic or Foreign Limited Partnership;
- the trustees of a Domestic or Foreign Business Trust;
- any person authorized to act for the Domestic or Foreign Corporation; or
- a member or manager authorized to act for the Domestic of Foreign Limited Liability Company.

#### **DOCUMENT DELIVERY**

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the mailing office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

#### 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 \$20.00. Checks should be made payable to the "Kentucky State Treasurer."

#### **MAILING ADDRESS**

Alison Lundergan Grimes Office of the Secretary of State PO Box 718 Frankfort, KY 40602-0718

#### OFFICE LOCATION

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

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

# CONTACT INFORMATION

If you have any questions, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.