

# 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

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

**RES** 

| Signature of Applicant  | Printed Name                     |                                       | Date                                 |
|---|----------------------------------|---------------------------------------|--------------------------------------|
| I declare under penalty of perjury und  | ler the laws of Kentucky that th | e forgoing is true and correct.       |                                      |
| •   |                                  |                                       | (Delayed effective date and/or time) |
| 5. This application will be effective us the delayed effective date cannot be |                                  |                                       |                                      |
| Street Address or Post Office Box Numbers                                     | City                             | State                                 | Zip                                  |
| 4. The name and mailing address of  | the applicant is:                |                                       |                                      |
| ☐ A business trust  | name (KRS 386)                   |                                       |                                      |
| A limited liability   | partnership name (KRS 362)       |                                       |                                      |
| A limited partner   | ship name (KRS 362)              |                                       |                                      |
| A limited liability   | company name (KRS 275)           |                                       |                                      |
| A corporate nam   | e (KRS 271B, KRS 273 or KR       | S 274)                                |                                      |
| 3. The name is reserved as:   |                                  |                                       |                                      |
| 2. The proposed name to be reserve  | d or renewed with the Secretar   | y of State for a period of 120 days i | S<br>                                |
| ☐ Renewal   |                                  |                                       |                                      |
| Reservation   |                                  |                                       |                                      |
| 1. The activity request is:   |                                  |                                       |                                      |
| Pursuant to the provisions of KRS 14 renew a name and, for that purpose,      |                                  |                                       | olies to reserve or                  |
| www.sos.ky.gov  |                                  |                                       |                                      |
| (502) 564-3490  |                                  |                                       |                                      |

# 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.

#### **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.

# **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**

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 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.