



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0810630.06 mstratton  
ASN  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
10/19/2016 9:21 AM  
Fee Receipt: \$20.00  
ASN

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)

Pursuant to the provisions of KRS 365, the undersigned applies to assume a name and, for that purpose, submits the following statement:

1. The assumed name is: Salon de Sol

2. The name of the business entity (and in the case of general partnership, the partners) that is/are adopting the assumed name: I Heart My Nails, LLC

Name must be identical to the name on record with the Secretary of State.)

3. The "real name" is (you must check one):

- |  |  |
|--|--|
| <input type="checkbox"/> a Domestic General Partnership                  | <input type="checkbox"/> a Foreign General Partnership           |
| <input type="checkbox"/> a Domestic Limited Liability Partnership        | <input type="checkbox"/> a Foreign Limited Liability Partnership |
| <input type="checkbox"/> a Domestic Limited Partnership                  | <input type="checkbox"/> a Foreign Limited Partnership           |
| <input type="checkbox"/> a Domestic Business Trust                       | <input type="checkbox"/> a Foreign Business Trust                |
| <input type="checkbox"/> a Domestic Corporation                          | <input type="checkbox"/> a Foreign Corporation                   |
| <input checked="" type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company     |

4. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

5. The business is organized and existing in the state or country of Kentucky

6. The mailing address is:

<u>109 Purebred Court</u>	<u>Frankfort</u>	<u>Kentucky</u>	<u>40601</u>
Street Address or Post Office Box Numbers	City	State	Zip

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

<u>Missy Lynn Perkins</u>	<u>Missy Lynn Perkins</u>	<u>Member/Registered Agent</u>	<u>10-14-16</u>
Authorized Party Signature	Printed Name	Title	Date