



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

Pursuant to the provisions of KRS 14A.3-020, the undersigned applies to reserve or renew a name and, for that purpose, submits the following statement:

1. The activity request is:

- ☐ Reservation
☐ Renewal

2. The proposed name to be reserved or renewed with the Secretary of State 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 liability partnership name (KRS 362)
☐ A business trust name (KRS 386)
☐ A limited cooperative association
☐ A statutory trust
☐ Other

4. The name and mailing address of the applicant is:

Name

Street Address or Post Office Box Number

City

State

Zip

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

Signature of Applicant

Printed Name

Title

Date

**FILING INSTRUCTIONS
RESERVATION OR RENEWAL OF RESERVED NAME**

PROPOSED NAME TO BE RESERVED

The name to be reserved shall be distinguishable from any name of record with the Secretary of State and satisfy the requirements of KRS 14A.3-010. 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 NAME

The application shall set forth the real name of the applicant as set forth in KRS 365.015.

MAILING 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

1025 Capital Center Drive
Suite 201
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.