



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 application is for a:

- ☐ Reserved Name
☐ Renewal

2. The name proposed to be reserved or renewed with the Secretary of State for a period of 120 days is

3. The name proposed to be reserved is for:

- ☐ A corporate name (KRS Chapters 271B, KRS 273, or KRS 274)
☐ A limited liability company name (KRS Chapter 275)
☐ A limited partnership name (KRS Chapter 362)
☐ A limited liability partnership name (KRS Chapter 362)
☐ A business or statutory trust name (KRS Chapter 386 or 386A)
☐ A limited cooperative association (KRS Chapter 272A)
☐ An unincorporated nonprofit association (KRS Chapter 273A)
☐ Other (please specify) _____

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

Real Name of the Applicant

Street Address or Post Office Box Number

City

State

Zip

5. This application will be effective upon filing.

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

Signature of Applicant

Printed Name

Title

Date

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

NAME PROPOSED TO BE RESERVED

The name proposed to be reserved must be available according to the records with the Office of 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 reserved name may be renewed 30 days prior to its expiration.

REAL NAME OF THE APPLICANT

The real name of the applicant for a reserved name is determined by KRS 14A.3-010.

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.

WHO MAY SIGN

The document must be signed by the applicant or an authorized signer.

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 at time of filing by the Office of the Secretary of State pursuant to KRS 14A.2-070.

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 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.