



Form Revision Date 07/2016

### CERTIFICATE OF ASSUMED NAME

For use by DOMESTIC LIMITED LIABILITY COMPANY

*Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate:*

1. The identification number assigned by the Bureau is:	<input type="text" value="802769756"/>
2. The name of the limited liability company is:	<input type="text" value="RUSSELL PLASTERING &amp; SONS LLC"/>

3. The assumed name under which business is to be transacted is: RUSSELL PLASTERING SONS
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Effective Date: 11/09/2022
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This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or general partner (limited partnerships):

Signed this 9th Day of November, 2022 by:

Signature	Title	Title if "Other" was selected
Scott R. Russell	Authorized Agent	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline     Accept

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**

**FILING ENDORSEMENT**

***This is to Certify that the*** CERTIFICATE OF ASSUMED NAME

***for***

RUSSELL PLASTERING & SONS LLC

***ID Number:*** 802769756

to transact business under the assumed name of  
RUSSELL PLASTERING SONS

***received by electronic transmission on*** November 09, 2022 ***, is hereby endorsed.***

***Filed on*** November 09, 2022, ***by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***

Expiration Date: December 31, 2027



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 9th day of November, 2022.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***