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Elaine N. Walker, Secretary of State

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COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Corporations
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Withdrawal of Assumed Name
(Domestic or Foreign Business Entity)

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

- The assumed name to be withdrawn is IMG Associations
(The name must be identical to the name on record with the Secretary of State.)
- The assumed name has been discontinued by IMG Communications, Inc.
(Must be the exact name of the entity or partners)
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)
- The date the original certificate as filed: 05/22/2008

5. 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 checked="" type="checkbox"/> a Domestic Corporation | <input type="checkbox"/> a Foreign Corporation |
| <input type="checkbox"/> a Domestic Limited Liability Company | <input type="checkbox"/> a Foreign Limited Liability Company |

6. The mailing address is:

<u>564 Main Street</u>	<u>Lexington</u>	<u>Kentucky</u>	<u>40507</u>
Street Address or Post Office Box Numbers	City	State	Zip

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

	<u>John H. Raleigh</u>	<u>Secretary</u>	<u>3-3-2011</u>
Signature of Authorized Party	Printed Name	Title	Date