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amcray WTH

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 6/27/2017 8:50 AM Fee Receipt: \$20.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov  Certificate of Withdrawal (Domestic or Foreign Business)			ned Name	CWA
Pursuant to the provisions of KR submits the following statements		applicant applies to with	draw an assumed name a	nd, for that purpose,
1. The assumed name to be wit			and with the Country of Co	
	•		record with the Secretary of St	auc.j
<ol><li>The assumed name has beer</li></ol>	n discontinued by SEVE	N HILLS BAPTIST CHURC e the exact name of the entity	H or portners)	
<ol><li>This application will be effecti delayed effective date cannot be</li></ol>	prior to the date the ap	oplication is filed. The da		
<ol><li>The date the original certification</li></ol>	te was filed: JANUARY	21, 2015		·
5. The "real name" is (you must can be a Domestic General Parta by a Domestic Limited Liab by a Domestic Limited Parta by a Domestic Business Transparent by a Domestic Corporation by a Domestic Limited Liab by	tnership ility Partnership nership ust	a Foreign I a Foreign I a Foreign I a Foreign I	General Partnership  Limited Liability Partnership  Business Trust  Corporation  Limited Liability Company	p
•		OWENSBODO	KY.	42302-1401
P, O. BOX 1401  Street Address or Post Office Box Nu	mbers	OWENSBORO	State	Zip
I declare under penalty of perjur	y under the laws of Ker	ntucky that the forgoing is	true and correct.	
Coy Dougo	^	ROY HAYDEN Printed Name	CHM OF TRUSTE	EES 6 23 7017