

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Withdrawal of  
Assumed Name**

**CWA**

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

1. The assumed name to be withdrawn is:

**VERACITY INSURANCE SEGURO**

2. The assumed name has been discontinued by:

**DNIS, Inc.**

3. The certificate of assumed name was filed with the Secretary of State on Tuesday, December 22, 2020

4. This certificate will be effective upon filing.

5. The current mailing address is:

**3225 MCLEOD DR, STE 100, LAS VEGAS**

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

**Nicole Rodriguez**