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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/8/2022 3:23 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withda (Foreign Business Ent		WFE
Pursuant to the provisions of KRS of withdrawal on behalf of the bus			undersigned applies for a certificate nits the following statements:
1. The name of the business ent	ity is Otonomy, Inc. (The name must be identical to the	ne name on record with t	he Secretary of State.)
2. The state or country of format	ion is Delaware		
3. The Secretary of State may for on the Secretary of State and	orward to the business entity at th I commits to notify the Secretary	e following street add of State of any future	lress any process served changes to this address:
c/o Jim Branch,4796 Executive I	Dríve San Diego	CA	92121
Street Address (No Post Office Box No	umbers) City	State	Zip Code
in the Commonwealth or pursuar authority from the commissioner 5. The business entity revokes tappoints the Secretary of State a during the time it was authorized of State in the future of any change	nt to KRS 14A.9-010(7) the busine of the Department of Insurance. the authority of its registered agents its agent for service of process to transact business in the Commige in its mailing address.	ess entity is a foreign of to accept service of in any proceeding ba nonwealth. The busin	f process on its behalf and
or the delayed effective date can	not be prior to the date the applic	ation is filed. The eff	ective date is
I declare under penalty of perjury	Paul E. Ca		11(30/22
Signature of Authorized Representativ	e Printed Na	me	Date