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Michael G. Adams Kentucky Secretary of State Received and Filed: 12/21/2023 10:35 AM Fee Receipt: \$40.00

## COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Withdrawa (Foreign Business Entity)	al	WFE
	S 14A - 030 the undersigned applies fo d, for that purpose, submits the followin		wal on behalf of the
1. The name of the business en	tity is Jail Education Solutions, Inc.		_
	(The name must be identical to the	name on record with the	Secretary of State.)
2. The state or country of forma	Delaware tion is		
3. The Secretary of State may for	orward to the business entity at the follo		
1130 S Canal #1271	Chicago	IL	60607
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursua authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	nsacting business in the Commonwealth of the KRS 14A.9-010(7) the business er of the Department of Insurance.  The authority of its registered agent to a sits agent for service of process in any to transact business in the Commonweal to transact business in the Commonweal to its mailing address.	ntity is a foreign insurer accept service of proces by proceeding based on a	with a certificate of s on its behalf and a cause of action arising
6. This application will be effect	ve upon filing.		
I declare under penalty of perjury	y under the laws of Kentucky that the fo	rgoing is true and corre	ct.
Buthel	Brian Hill, Pre	esident/CEO	12/18/23
Signature of Authorized Represer	ntative Printed Name		Date