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kdcoleman

Michael G. Adams Kentucky Secretary of State

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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 o (Foreign Bus	of Withdrawal siness Entity)	w	WFE
Pursuant to the provisions of KR business entity named below an	id, for that purpose, se	abilitio trie reme same	ificate of withdrawal o ments:	n behalf of the
1. The name of the business en		be identical to the name of		etary of State.)
 The state or country of format The Secretary of State may 		es entity at the following s	treet address any pro	cess served
on the Secretary of State ar	id commits to notify th	Dripping Springs	TX	78620
12495 Silver Creek Road Street Address (No Post Office E	Pox Numbers)	City	State	Zip Code
 4. The business entity is not train the Commonwealth or pursua from the commissioner of the D 5. The business entity revokes the Secretary of State as its agatime it was authorized to transathe future of any change in its its. 6. This application will be effective. 	ent to KRS 14A.9-010 Department of Insurance sthe authority of its re- pent for service of proce act business in the Co mailing address.	ce. gistered agent to accept s	service of process on	its behalf and appoints
I declare <u>under penalty</u> of perj		Kentucky that the forgoin JOE TERRY, AUTH	g is true and correct.	02/03/2023
Joe Terry		Printed Name	ORIZED I ERSOIT	Date
Signature of Authorized Repres	sentative	, illitod italiis		

(07/20)