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Michael G. Adams Kentucky Secretary of State Received and Filed: 3/29/2023 2:34 PM

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)		WFE
	S 14A - 030 the undersigned applies for d, for that purpose, submits the following		wal on behalf of the
1. The name of the business en	ity is Providian Bancorp Services		
	(The name must be identical to the n	ame on record with the	Secretary of State.)
2. The state or country of forma	ion is California	•	·
	orward to the business entity at the follow I commits to notify the Secretary of State		
10 South Dearborn Street	Chicago	IL	60603
Street Address (No Post Office Bo	x Numbers) City	State	Zip Code
in the Commonwealth or pursual authority from the commissioner 5. The business entity revokes appoints the Secretary of State a	the authority of its registered agent to ac is its agent for service of process in any to transact business in the Commonwea ge in its mailing address.	ity is a foreign insurer of the comment of the comm	with a certificate of s on its behalf and a cause of action arising
	under the laws of Kentucky that the forg		
Andrea B. Daneri		ce President of FNBC Leasing	
Signature of Authorized Represer	tative Printed Name		Date

(02/23)