1117810.09

kdcoleman WTH

Michael G. Adams Kentucky Secretary of State Received and Filed: 10/21/2022 2:46 PM Fee Receipt: \$40.00



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

Division of Business Filings P.O. Box 718	Certificate of Withdrawal	W	FE
Frankfort, KY 40602	(Foreign Business Entity)		
(502) 564-3490 www.sos.ky.gov			
www.sos.ky.gov			uirtest en line af en ar anni Red III ann an Ioniu G
Pursuant to the provisions of KR business entity named below and	S 14A - 030 the undersigned applies for a c	ertificate of withdrawal on behatements:	nalf of the
1. The name of the business en	tity is INFORM APPLICATIONS, INC.		
1. The hame of the business on	(The name must be identical to the name	e on record with the Secretary	of State.)
2. The state or country of format	tion is NY		
3. The Secretary of State may for	orward to the business entity at the following dommits to notify the Secretary of State of	street address any process any future changes to this ad	served Idress:
3307 HILLVIEW AVENUE	PALO ALTO	CA	94304
Street Address (No Post Office Bo	ox Numbers) City	State	Zip Code
in the Commonwealth or pursual from the commissioner of the De 5. The business entity revokes the Secretary of State as its age	he authority of its registered agent to accep nt for service of process in any proceeding l t business in the Commonwealth. The busin ailing address.	s a foreign insurer with a certi t service of process on its beh pased on a cause of action ari	ificate of authority nalf and appoints ising during the
I declare under penalty of perjur	y under the laws of Kentucky that the forgoi THOMAS BERQU		t 19, 2022
Signature of Authorized Represen	ntative Printed Name		Date

(07/20)